Facilities Operators and Service Providers Association Membership Registration Form

Type of Mem	bership: (Check one)	l		
educational educat	e membership provid vent and allows you to ost cost-effective wanding one person to o with a hyperlink to you with guests or a total ests may be permitte	the flexibility to send divided to a ward numerous some traditional seminal vour home page. As a count of four people to any and for an additional fee	ving your company to send up to ifferent employees to various prostaff the opportunity to gain exportance or type venue. Your company logorporate member your company special events (i.e. our annual of based on the event and board a	resentations. This perience for less than will be included or y may bring a total contribution.
			tional attendee for a limited nu	mber of events.
Primary Conta	act Person:			
Position:				
E-mail addres	s:			
Employer of s	ingle membership o	r Company Name if Co	rporate membership:	
Contact perso	on information:			
Street addres	s:			
City:		State:	Zip:	
Preferred con	tact method:			
E-Mail:				
				
Other: (please	e provide info)			
Name and ad	dress for invoice:			
Return to:	FOSPA PO Box 329			

If you have any questions please contact our VP of Membership Danielle Tabers at 314-306-4859 Updated 2024.05.26

St. Ann, Mo. 63074