



July 1, 20__ – June 30, 20__

SIGNATURE PROGRAM PARTICIPATION

Florida Association for Media In Education

P.O. Box 941169, Maitland, FL 32794-1169

813-380-5673 FEIN: 23-736-7407

A COPY OF THIS INVOICE MUST ACCOMPANY PAYMENT

FAME SIGNATURE PROGRAM PARTICIPATION FEE

Individual schools without active FAME members who are still interested in participating in FAME Signature Events may pay an annual participation fee. This fee allows the school to participate in Sunshine State Young Readers Award (SSYRA), Sunshine State Young Readers Award Jr. (SSYRA Jr.), Florida Teen Reads (FTR), and Jim Harbin Student Media Festival events. The fee is \$100 per year from July 1—June 30. This fee allows schools to participate in the Jim Harbin Student Film Festival and support the student-choice reading award programs. This does not provide traditional FAME member benefits with access to discounted conference registration, FAME professional development opportunities, or other membership benefits.

It is especially important to insure the county in which you teach is accurate. Please print clearly.

Main School Contact Name: _____ Position: _____

School: _____ County: _____

School Billing Address: _____

Street/City/Zip: _____

Business Phone: () Business Fax: () _____

E-Mail: _____

Home Address: _____

Street/City/Zip: _____

Home Phone: () _____

Please Note: As a FAME school-participation school, you will be contacted at your school E-Mail address and/or fax number.

Type of school (select all that apply): elementary middle high private charter college/university vocational

Second School Member Name: _____

E-Mail: _____

Home Address: _____

Street/City/Zip: _____

Home Phone: () _____

Third School Member Name: _____

E-Mail: _____

Home Address: _____

Street/City/Zip: _____

Home Phone: () _____

Fourth School Member Name: _____

E-Mail: _____

Home Address: _____

Street/City/Zip: _____

Home Phone: () _____

THANK YOU FOR YOUR FAME SCHOOL PARTICIPATION

Payment of membership may be made by check (payable to FAME) and mailed to the address at the top of this form.

____ We are paying by check: Check Number _____ Amount Enclosed \$ _____

____ We are paying by credit card: _____ American Express _____ Visa _____ Master Card

Card Number _____

Expiration Date: _____ CVV: _____

Name of Card: _____

Billing Address: _____

Signature: _____

Questions or concerns should be addressed to the FAME Administrative Office. Please allow four weeks for processing of your FAME Participation Fee. Processing cannot be completed until payment is received. PURCHASE ORDERS NOT ACCEPTED