



**FASC
2009-2010
MEMBERSHIP ENROLLMENT**

Type or print the information requested legibly. Mail this completed membership form with a check **(payable to: FASC)** to: **The School Board of Broward County, FL, Attn: Michael Roland, Liaison, P.O. Box 5408, Ft. Lauderdale, FL 33310**

Name of School: _____

FASC District: _____ County: _____

School Address: _____

School Telephone Number: _____

Principal: _____

Signature: _____

School Advisor: _____

Number of years served as a student council advisor: _____

Advisor's school email address: _____

Student President: _____

Dues are \$50.00 for each school prior to November 1st of each year. There is a \$30.00 late fee for dues post marked after November 1st.

FASC Dues	\$50.00
Late Filing Fee	\$ _____
Total	\$ _____ Check # _____

Checks should be made payable to: FASC