



# FPHRA Payment Authorization

**NAME OF MEMBER:**

Purpose of payment (i.e. conference registration, membership, etc):

## **PAYMENT INFORMATION**

### **Pay using a Check**

**Please make checks payable to:** FPHRA - (Tax ID#592808589)

Please mail check to:

FPHRA  
401 East Las Olas Blvd, #130-452  
Fort Lauderdale, Florida 33301

OR

### **Pay using a Credit Card**

Please scan and e-mail this Payment Authorization form to  
[treasurer@fphra.org](mailto:treasurer@fphra.org) or fax to (888) 758-6286.

**MasterCard**       **Visa**

(American Express and Discover Cards are not accepted)

### **Please print or type:**

Name as appears on credit card bill:

Billing Address:

City:

State:      Zip:

Daytime Telephone:

e-mail:

Card #:

Security Code:

Exp. Date:

Signature:

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If you have questions or need assistance, please contact: [treasurer@fphra.org](mailto:treasurer@fphra.org).