

FPA Credential Renewal Payment Form

<p>✓ Check</p> <p>___ <i>FPA Credential Renewal</i> \$50.00</p>	<p style="text-align: center;">ALL FPA Credential renewal application fees are non-refundable.</p> <p style="text-align: center;">Send Payment to: Families Together in NYS ATTN: Training & Credentialing 737 Madison Avenue Albany, NY 12208</p> <p>For more information call: Phone: 518-432-0333 x 18 Email: jahlatis@ftnys.org</p>
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PAYMENT TYPE:

Check Payable to Families Together in New York State (Check # _____)

Money Order VISA MasterCard Discover

Credit Card #: _____ Expiration Date: _____ Security Code _____

Card Holder's Name: _____

Signature: _____

BILLING INFORMATION (If payment is made by an agency):

Agency Name:			
Name of Supervisor Authorizing Payment:			Email:
Agency Address:			
City:	State:	Zip:	County

APPLICANT INFORMATION:

Family Peer Advocate Name:			
Address:			
City:	State:	Zip:	County:
Home Email:	Phone:	Cell:	