New FFEA Chapter Form

Please print or type the following information:

Check appropriate category

_____Elementary _____Middle/Jr. High _____Senior High _____Post-Secondary

Name of School:_____

Chapter Address:_____

_____

City District/County Zip Code

Advisor's Name:_____

Co-Advisor's Name (if applicable):_____

School Telephone:_____ Fax Number:_____

E-Mail Address:_____

Advisor handbook requested (please circle one): YES NO

Please return the form by fax or mail to:
Bureau of Educator Recruitment, Development and Retention
325 West Gaines Street, Room 124
Tallahassee, Florida 32399
Office: (850) 245-0435
Fax: (850) 245-0543