



MEMBERSHIP APPLICATION/RENEWAL FORM

Your APA membership in the local chapter will expire one year from date of membership.

Please check one:

- | | | |
|-------------------------------------|---|---------|
| <input type="checkbox"/> New Member | <input type="checkbox"/> Regular Membership | \$50.00 |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Associate Membership | \$40.00 |

PLEASE COMPLETE ALL INFORMATION

Name: _____

Title: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: Office _____ ext. _____ fax _____

Email: _____

Are you a member of National APA? YES – ID Number _____ NO
If NO, are you interested in becoming a National APA member? YES NO

Referred by: _____

Check out our web site: www.azaleacityapa.org

Please return the completed form and your check payable to:

Azalea City Chapter of the American Payroll Association
Attn: Membership
P.O. Box 16405
Mobile, AL 36616

Or Fax to 251-341-5077