



APA ASSOCIATE MEMBERSHIP APPLICATION

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Name Company

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Would you like to link your website to the APA web page? \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Short 30-word or less description of your services for the directory:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this application with your dues to the APA office in Seattle.

- \_\_\_\_\_A Annual membership for doing business  
under \$50,000/year with APA members: \$500
- \_\_\_\_\_B Annual membership for doing business  
from \$50,000 to \$500,000 with APA members: \$1,000
- \_\_\_\_\_C Annual membership for doing business  
in excess of \$500,000 with APA members: \$2,000