



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