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Upstate South Carolina Chapter of the American Payroll Association Membership Application

New Member: \$55.00

Renewal Member: \$55.00

Member Name: _____

Title: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Are you are Certified Payroll Professional (CPP)? Yes No

Do you have the Fundamental Payroll Certification (FPC)? Yes No

Are you a member of the national American Payroll Association (APA)? Yes No

If so, please provide your APA ID #: _____

What payroll software are you currently using? _____

What frequency do you pay? Weekly Bi-Weekly Semi-Monthly Monthly

Are you interested in serving on any of the following committees?

Communication

Education

Member Services