

The Tallahassee Chapter of the APA Membership Application



New Member Renewal



Name: _____

Job Title: _____

Email: _____

Phone: _____ Fax: _____ Years of payroll experience: _____

Company Name: _____

Mailing address: _____

Are you a National APA Member? Yes No If Yes, Member ID: _____

Circle all your professional designations: CPP FPC CPA PHR SPHR OTHER: _____

Which membership level are you applying for?

- \$35.00 – APA Members** – must be active members of the National American Payroll Association
- \$45.00 – Non APA Members** – not active members of the National American Payroll Association
- \$100.00 – Corporate Membership** – includes membership for 3 employees. Add up to 3 additional employees for only **\$20.00** each.

\$00.00 – Included Member #1 Name/Title _____

\$00.00 – Included Member #2 Name/Title _____

\$00.00 – Included Member #3 Name/Title _____

\$20.00 – Additional Member #1 Name/Title _____

\$20.00 – Additional Member #2 Name/Title _____

\$20.00 – Additional Member #2 Name/Title _____

TOTAL DUE: _____

<p>New Members Only: What do you consider your specialty to be? _____</p> <p>How did you hear about the Tallahassee Chapter? _____</p> <p>If referred, please provide current members name: _____</p>
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SIGNATURE: _____ **DATE:** _____

Please make payment to and send with completed form to:

Tallahassee Chapter, APA
PO Box 6061
Tallahassee, FL 32314

The Tallahassee Chapter is an affiliated local chapter of the American Payroll Association. Learn more about APA at www.americanpayroll.org.