## CANTON HALL OF FAME CHAPTER AMERICAN PAYROLL ASSOCIATION

LOCAL MEMBERSHIP REGISTRATION September 2012 through August 2013

NAME:				
ADDRESS:				
CITY:	STATE:	ZI	P:	
HOME PHONE:	PHONE:Birth Date/			
( the above is for local chapter use only)				
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TITLE:				
ADDRESS:				
CITY:	STATE:	Z	IP:	
PHONE:	FAX:			
EMAIL ADDRESS:				
Are you a Certified Payroll Professional (CPP)? YES NO				
Do you have a Fundamental Payroll Certificate (FPC)? YES NO				
Are you Member of the Nationa	al APA?		YES NO	
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Referred by:				
\$30.00 ANNUAL FEE PER PERSON Due by September 01, 2012				
PLEASE MAKE CHECKS PAYABLE TO HALL OF FAME CHAPTER APA AND MAIL <u>COMPLETED FORM WITH DUES</u> TO:				
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