HALL OF FAME CHAPTER
AMERICAN PAYROLL ASSOCIATION
LOCAL MEMBERSHIP REGISTRATION
September 2015 through August 2016

NAME: ____

ADDRESS: ____

CITY: ___________________ STATE: _________ ZIP: ________

HOME or CELL PHONE #: ______________________

>>

COMPANY NAME: ____

TITLE: ____

COMPANY ADDRESS: ____

CITY: ___________________ STATE: __________ ZIP: _________

PHONE: _____________________ FAX: _______________________

EMAIL ADDRESS: ____

May we share this information with other chapter members? YES ____ NO _____

Are you a Certified Payroll Professional (CPP)? YES ____ NO ____

Do you have a Fundamental Payroll Certificate (FPC)? YES ___ NO ___

Are you Member of the National APA? YES ____ NO ____

Nat'l Member # ____________ ($10 of Membership for National APA Members)

Type of Payroll Product ____

Referred by: ____

(Information is for Local Chapter and National APA use only)

$35.00 ANNUAL MEMBERSHIP FEE PER PERSON FOR NON APA MEMBERS

OR

$25 ANNUAL MEMBERSHIP FEE FOR NATIONAL APA MEMBERS

NAT'L MEMBER # REQUIRED ABOVE

Due by September 11, 2015

PLEASE MAKE CHECKS PAYABLE TO:

HALL OF FAME CHAPTER APA

MAIL COMPLETED FORM WITH DUES TO:

APA - HALL OF FAME CHAPTER

P.O. BOX 544

GREEN, OHIO 44232-0544

www.hofpayroll.org