HALL OF FAME CHAPTER AMERICAN PAYROLL ASSOCIATION

LOCAL MEMBERSHIP REGISTRATION

September 2017 through August 2018

NAME:	
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CITY: STATE: ZIP:	
HOME or CELL PHONE #:	
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TITLE:	
COMPANY ADDRESS:	
CITY: STATE: ZIP:	
PHONE: FAX:	
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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 off Membership for National APA Members	3)
Type of Payroll Product	
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\$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 8, 2017 PLEASE MAKE CHECKS PAYABLE TO: HALL OF FAME CHAPTER APA

MAIL COMPLETED FORM WITH DUES TO: **HALL OF FAME CHAPTER - APA** P.O. BOX 26471 AKRON, OHIO 44319 www.hofpayroll.org