



APPLICATION FOR MEMBERSHIP



Metro Phoenix Chapter
American Payroll Association

Metro Phoenix Chapter of the APA

P.O. Box 3038

Apache Junction, AZ 85217

Web: www.metrophoenixapa.org

\$36.00 One-Year Membership Due

Circle type of membership

New or Change

Primary Address (Business) Please print clearly

___ Ms. ___ Mrs. ___ Mr.

First name: _____ Middle Initial: ___ Last Name: _____ Title: CPA CPP FPC PHR SPHR GPHR

Company Name: _____ Job Title: _____

Business Address: _____
(No. P.O. Boxes please)

City: _____ State: _____ Zip + 4digit/Postal Code: _____

Business Phone Number: _____ Fax Number: _____

Email Address: _____ Birth Date: ___/___/___
Month Day

Employer's Business _____ Number of Employees: _____ Type of Payroll Software Used: _____

Signature: _____ Date: _____

Secondary Address (Home)

Street Address: _____

City: _____ State: _____ Zip + 4digit/Postal Code: _____

Phone Number: _____ E-mail _____

Send All Notifications: ___ Business Address ___ Home Address

APA National Membership

___ APA National Member APA National ID # _____

Interested in Becoming an APA National Member:

___ Yes ___ No ___ Please send me information and the required forms

Completed by the Metro Phoenix Chapter

Date Membership payment received: _____ Cash ___ Check No. _____