**** **APPLICATION FOR MEMBERSHIP**

**Metro Phoenix Chapter of the APA**

PMB- D44

1334 East Chandler Blvd. Suite 5

Phoenix, AZ 85048-6263

[**www.metrophoenixapa.org**](http://www.metrophoenixapa.org)

**Membership year is September 1 through August 31**

**Annual Membership $36.00**

**Check type of membership:** [ ] New [ ] Renewal [ ] Update my information

***Please print clearly***

**[ ] Ms. [ ] Mrs. [ ] Mr. Title (circle all that apply):** CPA CPP FPC PHR SPHR GPHR

**First name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MI:** \_\_\_\_ **Last name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Contact Information (This is where all notifications will be sent.)**

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PO Box: \_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Payroll Software Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date (month/day):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Contact Information**

Phone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APA National Member?** [ ] Yes APA member #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interested in becoming an APA National Member?** [ ] Yes! Please send me information.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date membership application received:\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid via: [ ] Cash [ ] Check #\_\_\_\_\_\_\_

Amount paid: $\_\_\_\_\_\_\_\_\_\_\_ for [ ] full year [ ] \_\_­\_\_months x $3.00 per month

**Metro Phoenix APA, an Independent, autonomous Chapter of the American Payroll Association**