

**ARCHITECTURAL PRECAST ASSOCIATION**

6710 Winkler Rd., Ste. 8, Fort Myers, FL 33919 • 239/454-6989 • FAX 239/454-6787

**PROFESSIONAL MEMBER  
APPLICATION FOR MEMBERSHIP**

APA

Date: \_\_\_\_\_

*Application is hereby made for membership as a Professional Member of the Architectural Precast Association. Applicant hereby agrees to abide by the requirements and conditions of the Articles of Incorporation, Charter, and By-Laws of the Association, and to assist in the attainment of its purposes and objectives by active support and participation in the programs of the Association.*

Company: \_\_\_\_\_ Physical Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Web: \_\_\_\_\_

Please list Products and/or services: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and titles of key company personnel: (Officers and/or Owners/Managers)

\_\_\_\_\_  
\_\_\_\_\_

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

Annual Dues \$750.00 (Please enclose payment with application.)

<p><b>THIS SECTION RESERVED FOR ASSOCIATION USE</b></p> <p>Check received: _____ Amount: _____ Date: _____</p>
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Submit to:

Architectural Precast Association, 6710 Winkler Rd., Ste. 8, Fort Myers, FL 33919