



**PROFESSIONAL MEMBER  
APPLICATION FOR MEMBERSHIP**

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 \_\_\_\_\_

Dues for Professional members are \$100 annually.  
Please enclose check with application and submit to:  
**Architectural Precast Association, 6710 Winkler Rd., Ste. 8, Fort Myers, FL 33919**

THIS SECTION RESERVED FOR ASSOCIATION USE

Check received: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_