



PROFESSIONAL MEMBER APPLICATION

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 INFORMATION

Please Type or Print

Company _____

Mailing Address _____

City/State/Zip _____

Physical Address _____

City/State/Zip _____

Telephone _____ Fax _____

Email _____ Website _____

Official Representative _____

Please list the name of the individual who will be the main point of contact for all Association related correspondence.

Please list Products and/or Services

Name and Titles of key company personnel (Officers, Owners, Managers, etc.)

DUES

Dues for Professional members are \$100 annually.

Please enclose check with application and submit to:

Architectural Precast Association, 325 John Knox Road, L103, Tallahassee, FL 32303

SIGNED _____

TITLE _____

Amended January 2020

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PAYMENT INFORMATION

Check Enclosed (made payable to APA)

Check Number: _____ Amount Enclosed: _____

Charge my: Visa MC AMEX

Card Number: _____ Expiration Date: _____

Security Code: _____ (3 digit number on reverse side, 4 digit number on front for AMEX only)

Billing Address: _____

Name on Card: _____

Authorized Signature: _____

Amended January 2020