

## INTERNATIONAL MEMBER APPLICATION

4891 Long Beach Rd., SE, Suite 3, Box #291 Southport, NC 28461 • Phone (301) 907-8181

CONTACT INFORMATION	Year company established
Company Name	
Primary Contact	Additional Contact   E-mail   Additional Contact   E-mail   Additional Contact   Additional Contact   Additional Contact   F-mail   E-mail
Address	
City State Zin	
Phone	
Fax	
F-mail	
Website	

## DUES STRUCTURE FOREIGN MEMBER

**Foreign Member** dues are based on firework sales to the U.S. from the previous year. Piers Report is monitored to assure proper dues payment.

Dues	Annual Sales	•
<b>🖵 \$1,500</b>	0-5 containers	* First t
□ \$3,800	6-25 containers	vear du
□ \$7,000	More than 25 containers	,

\* First time members are eligible for a one-time 20% discount off their first year dues and agree to at least a two year membership commitment.

□ I have read and agree to abide by the APA Code of Ethics.

## TRADE REFERENCES

Please list three APA member companies who are familiar with your business and can verify the statements made in this application. If you cannot provide three references, please contact the APA for assistance.

NATURE OF BUSINESS

(Please indicate the company's primary nature of business)

(check all that apply)

Consumer Fireworks \_\_\_\_ Display Fireworks \_\_\_\_ Other \_\_\_ Specify \_\_\_\_\_ If involved with the manufacture of more than one, please indicate the approximate percentage of your business that falls into the following categories.

Company Name / Name of Contact

1\_\_\_\_\_/\_\_\_\_\_

2\_\_\_\_\_/\_\_\_\_

3 \_\_\_\_\_/\_\_\_\_

Consumer \_\_\_\_\_ Display \_\_\_\_\_ Other \_\_\_\_\_

PAYMENT INFORMATION	Check Enclosed Credit Card: MC VISA AMEX	
Card Holders Name		
CC #	Total enclosed/to be charged \$	
Exp Date		
Security Code		