



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

SUPPLIER MEMBERSHIP APPLICATION

CONTACT INFORMATION

Company Name _____
 Primary Contact _____
 Address _____
 City, State, Zip _____
 Phone _____
 Fax _____
 E-mail _____
 Website _____

Year company established _____
 Additional Contact _____
 E-mail _____
 Additional Contact _____
 E-mail _____
 Additional Contact _____
 E-mail _____

DUES STRUCTURE

SUPPLIER MEMBER
 Dues \$1,000

** 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

Supplier Member -U.S. or foreign companies that supply materials or services to the fireworks industry and are not engaged in the sale, importation, or distribution of fireworks or pyrotechnic articles.

NATURE OF BUSINESS

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

Supplier Companies		
<input type="checkbox"/> Chemical Service	<input type="checkbox"/> Legal	<input type="checkbox"/> Safety Products
<input type="checkbox"/> Consultant	<input type="checkbox"/> Media	<input type="checkbox"/> Software
<input type="checkbox"/> Financial	<input type="checkbox"/> Paper Products	<input type="checkbox"/> Transportation
<input type="checkbox"/> Firing System	<input type="checkbox"/> Professional Service	<input type="checkbox"/> Other _____
<input type="checkbox"/> Insurance	<input type="checkbox"/> Promotional Products	

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

PAYMENT INFORMATION

Card Holders Name _____
 CC # _____
 Exp Date _____
 Security Code _____

Check Enclosed Credit Card: MC VISA AMEX

Total enclosed/to be charged \$ _____