



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"/> Trade Group
<input type="checkbox"/> Firing System	<input type="checkbox"/> Professional Service	<input type="checkbox"/> Transportation
<input type="checkbox"/> Insurance	<input type="checkbox"/> Promotional Products	<input type="checkbox"/> Other _____

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 \$** \_\_\_\_\_