



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

# TRADE ASSOCIATION MEMBERSHIP APPLICATION

## CONTACT INFORMATION

Association Name \_\_\_\_\_  
Primary Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Website \_\_\_\_\_

Year association established \_\_\_\_\_  
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.

**Trade Association Member** - Any association of persons organized and operated within the meaning of Section 501(c)(6) or similar foreign law to promote a common business interest of its members. Organization is required to provide a copy of its current Bylaws with this application.

## TRADE REFERENCE

Please list one APA member who is familiar with your organization (please contact us if you need assistance in identifying a local APA member).

1 \_\_\_\_\_  
Company Name Name of Contact

I have 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 \$** \_\_\_\_\_