

# SIouxLAND CHAPTER MEMBERSHIP APPLICATION

To join the **SIouxLAND CHAPTER**, please print this form, complete the requested information, and mail to:

**Siouxland Chapter of the APA**  
**P.O. Box 2940**  
**Sioux Falls, SD 57101-2940**

- ❖ **Single Membership (Non-National APA Member) - \$100.00 per year per member**
- ❖ **Single Membership (National APA Member) - \$75.00 per year per member**

Enclose a check for \$\_\_\_\_\_ payable to the **SIouxLAND CHAPTER**

Annual Chapter Membership dues include local chapter dues and registration fees for quarterly seminars. All meals are included. New members joining after our first meeting will pay a pro-rated membership fee.

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City / State: \_\_\_\_\_ / \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (include area code) \_\_\_\_\_

Fax: (include area code) \_\_\_\_\_

Email Address\*\*: \_\_\_\_\_

*\*\*Your e-mail address will be our primary source of corresponding with you, so please don't forget to provide it!*

Number of employees on payroll: \_\_\_\_\_

Number of states you do business in: \_\_\_\_\_

Are you a National APA Member?  NO  YES Member Number \_\_\_\_\_

Are you a FPC?  YES  NO Are you a CPP?  YES  NO

What committee would you like to serve on? \_\_\_\_\_

Is there a specific topic that you would like to see addressed in the future?

\_\_\_\_\_

Do you have any speaker contacts we could get in touch with for a future presentation?

\_\_\_\_\_