



INVOICE

MEMBERSHIP APPLICATION

Year of
January 1, 2006 – December 31, 2006

Category 2: Associate Corporate Membership dues, each \$30.00

Additional employees of corporate member companies, who wish to receive mailings and information directly and be eligible for all Membership benefits and privileges.

Please make payment payable to APTA. Mail payment to -
Paul Swart
2041 N.W. West Hills Ave., Bend, OR 97701
Phone: (541) 388-7575 Fax: (541) 388-2327 Email: corporate@apta.biz

Please update information below:

Name: _____

Position: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

Toll free number (USA only) _____

Email: _____

Associate members please circle the Chapter(s) that you wish to affiliate with:

Los Angeles	Orange County	San Diego	Sacramento
Northern California (SFO)	Rocky Mountain (Denver)	Dallas	Houston
Midwest (Chicago & Minneapolis/St. Paul)	Florida (Miami)	Atlanta	New York
Arizona (Phoenix area)	New England (Boston)	Pacific-Northwest (Seattle)	

Applicant's signature: _____