



EAST BAY APA CHAPTER MEMBERSHIP FORM

Member Information:

Name: First _____ Last _____

Company: _____

Address: _____

City: _____

State: CA

Zip: _____

Phone: _____ **ext.** _____ **Fax:** _____

Email: _____

National APA Member: Yes No

Additional Mailing list names for Company Members:

Name: First _____ Last _____

Name: First _____ Last _____

Name: First _____ Last _____

Membership Fee (please see other side for fees & benefits)

\$45

\$60

\$150





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Membership Fees & Benefits:

- \$45** **Per Individual** (*National APA Members*) -
Entitles individual to attend all local chapter meetings (Discounted admission to year end dinner), receive one copy of newsletter, participate in study groups, receive chapter publications.
- \$60** **Per Individual** (*National APA Non Members*) -
Entitles individual to attend all local chapter meetings (Discounted admission to year end dinner), receive one copy of newsletter, participate in study groups, receive chapter publications.
- \$150** **Corporate Membership** -
Entitles any employees of the company at the same location to attend all local chapter meetings (discount for year end dinner), receive up to four copies of newsletter, participate in study groups, and receive chapter publications.

Please print this form and mail the form and check to:

East Bay Chapter APA
P.O. Box 2777
San Ramon, CA 94583

