



APPLICATION FOR MEMBERSHIP

<input type="checkbox"/>	New Member
<input type="checkbox"/>	Renewal

Date: _____

Name _____

Home Address _____

Telephone _____ Mobile _____

Date of Birth _____

Present Employment:

Employer _____

Address _____

Position _____

Telephone _____ E-mail _____

For mailing purposes all communications will be sent to:

Business Address Home Address

Previous Business Experience:

Employer: _____ Position: _____

Address: _____

From (month/year): _____ To (month/year): _____

I hereby apply for Annual Membership. Dues payable in advance.

<input type="checkbox"/>	Private Sector	\$200.
<input type="checkbox"/>	Public Sector	\$175.
<input type="checkbox"/>	Students	\$100. (include copy of valid student ID)

Name of APAF member who refers you: _____

Signature _____ Date _____