



Membership Enrollment Form

ASSOCIATION DUES ARE PAID THROUGH MONTHLY PAYROLL DEDUCTION

Full name: _____ Date: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt/Unit #

City State Zip Code

Birth date: _____ Job Title: _____

Employee ID or last 4 SSN: _____ Work location: _____

I hereby agree to become a member of the Association of Professional and Technical Administrators (APTA) and agree to abide by the Constitution and Bylaws of said Association.

I hereby authorize the following sum to be deducted monthly for dues for APTA.

Check one: \$30 Active Membership
 \$5 Associate Membership (Limited rights for Confidential Employees only)

Signature: _____ Date: _____

THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL I HAVE FILED A WRITTEN NOTICE OF WITHDRAWAL WITH THE EXECUTIVE BOARD OF THE ASSOCIATION OF PROFESSIONAL AND TECHNICAL ADMINISTRATORS

PLEASE RETURN THIS COMPLETE, SIGNED FORM TO THE APTA TREASURER VIA EMAIL. THANK YOU!