



Membership Application

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Job Information

Title: _____ Full-time Part-time

Work Location: _____

The membership initiation fee is \$150

Credit Card / Payment Information

Name as shown on card _____
Last First M.I.

Address: if different from above _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Credit Card Type	Expiration	Dollar Amount
MC VISA	____/____	_____
AMEX DISC	_____	_____

card number

Signature _____

EZ Check / Payment Options

You decide how much you want to pay each month

Full payment of \$150 _____ One time donation (*no membership desired*) _____

\$50 a month for 3 months _____ \$25 a month for 6 months _____
 \$12.50 a month for 12 months _____ \$75 a month for 2 months _____

Send payments to: **APWA, PO Box 58427 Raleigh, North Carolina 27658**

*You will not be invoiced, please send your monthly payments to the address above.
 Your membership card will be issued when your balance is paid.*