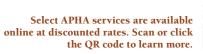
## Membership Application







Current APHA/AjPHA membership required to exhibit and/or receive awards.

Name:			
Were you a member in the past? Yes No If you	es, Member ID #:		
Street:			
City:	State/Province:	Zip Code:	
Country:	Date of Birth:		
Daytime Telephone:	E-mail:		
Membership Level			
Adult*	Junior	(18 or younger)	
One-year – \$89		e-year – \$39	
Three-year - \$199		Three-year – \$79	
Five-year – \$319	J-te	J-term – \$159	
Lifetime – \$1,309	Birth Da	Birth Date:/	
Birth Date:/ *Memberships include complimentary subscriptions to the Paint Hors	re This \$15	12/31 of 18-year-old year.) 9 can be applied to the purchase of a lifeti	me
Journal and Chrome magazines.  Programs and fees are subject to change without notice.	Take adv	mbership when applicable. antage of discounted membership rates v w online at apha.com/join.	vhen
Method of Payment			
Check or money order enclosed. <b>Do not send cas</b> Check Processing Policy: In the event that your check is returned unpaid for insuffice		we may present your check electron	ically.
MasterCard Visa American Express			
If paying by credit card, please complete the following: By entering my credit card information and signing below, I an		ecessary to complete this file.	
Card No.:	Ехр	o. Date:	CVV#:
Name on Card:			
Address:			
City:(Address of card holder if not the same as person above.)	Stat	e: Zip: _	
Daytime Phone:	Email:		
Signature:			
Payment must accompany any work submitted to APHA. By pr	roviding payment details, I	I am authorizing all charges necessar	y to complete this work.