APA Application for Magazine Publication Associate Membership

Name of Publication/Company:		Date:	
Address:			
City:		State:	ZIP:
Web site address:			Social Media:
Name of person to receive	mailings:		
Title:			
			address:
			APA constitution and by-laws as quoted hereby applies for magazine
Accepted for APA by:			(Executive Director) Date:
Check or CC number:		Exp. Date:	CVV: Billing Zip:
*Please send APA vour m	agazine's media kit a	as well as 2 issues of v	our magazine as it is published.
application, be applied to the application fee is to be return will be added to the mailing I participate in all APA meetin magazine publication members. NOTE: "Contributions or general income tax purposes business expense."	first year's dues. Shoulded. Upon approval of the list to receive AlaPressags and conventions and ers, as long as our affiliations. However, dues payres, and the manner of the	Id this application be dis his application and paym a and the APA 2024 med d will be eligible for other ation is maintained in keress Association are noments are deductible by their admission, is and shall be application and shall be application.	em and shall, upon approval of this approved, we understand the entirement of annual dues, we understand that we dia directory. We will also have the right to er services provided by the Association for its eping with constitutional provisions. It deductible as charitable contributions for members as an ordinary and necessary It be as follows:
			on and desire the benefits of affiliation with the
Section 5: Method of Admissi shall be accepted by a two-th	11	-	e in writing to the Executive Director and
APA Office use only: Application received Receipt letter mailed APA board notification Dues paid	Directory Plaque m	notice mailed ailed to applicant mailing list	Added to email Added to Web Membership begins: Effective upon approval through December 31, 2025