

**THE GREATER MADISON AREA CHAPTER of the APA
MEMBERSHIP FORM**

New Member Renewal (All renewals are due in November)

Name: _____

National APA Member? Yes No If Yes, Member ID: _____

Circle all your professional designations, if any: CPP FPC CPA PHR SPHR

Job Title: _____

Preferred Email: _____

Phone: _____ Fax: _____

Company Name: _____

Mailing Address: _____

Which membership level are you submitting for? Each is prorated quarterly by fiscal year, which begins in November.
All renewals are due in November.

Please circle the membership you are submitting for. Select by choosing the current month of your New Membership, or **November** for all renewals.

Individual

\$50 - November, December, January
\$40 - February, March, April
\$30 - May, June, July
\$20 - August, September, October

Corporate

(Up to 3 employees, each employee must complete individual form)
\$140 - November, December, January
\$105 - February, March, April
\$70 - May, June, July
\$35 - August, September, October

New Members Only

Other Professional Designations _____ Years of payroll experience? _____

What do you consider your specialty to be?

How did you hear about GMAC? _____

If referred, please provide current member's name: _____

SIGNATURE: _____ **DATE:** _____

Please make payment to and send with completed form to:

**Greater Madison Area Chapter of the APA (or GMAC)
PO Box 5263
Madison, WI 53705**