



NATIONAL & CHAPTER MEMBERSHIP

Includes full chapter membership; 11 issues of *Planning* magazine; support for APA's policy and public information programs; and discounts on books, reports, national APA conferences and workshops, and group insurance programs.

- I want to join National APA and the Wisconsin chapter. Check the dues category that applies:
 - Member. National dues (from table below) \$_____ plus \$40 chapter dues. Enter total under **PAYMENT**.
 - Student member. Dues \$42* (national dues \$37; chapter dues \$5)
 - Planning board member. Dues \$65* (national dues \$56; chapter dues \$9)

*Verification of status required

NATIONAL DUES TABLE

Check the range that includes your salary plus other profession-related income. Records are confidential.

<i>Salary Range</i>	<i>Dues</i>
<input type="checkbox"/> less than \$29,000	\$ 95
<input type="checkbox"/> \$29,000 - \$34,999	\$110
<input type="checkbox"/> \$35,000 - \$41,999	\$130
<input type="checkbox"/> \$42,000 - \$49,999	\$150
<input type="checkbox"/> \$50,000 - \$59,999	\$170
<input type="checkbox"/> \$60,000 - \$69,999	\$195
<input type="checkbox"/> \$70,000 and over	\$220

You may pay flat national dues of \$225, plus chapter dues.

CHAPTER MEMBERSHIP ONLY

Includes chapter publications and entitles you to participate in all chapter activities.

- I want to join the Wisconsin chapter (dues \$40).

PAYMENT

- Amount due \$ _____
- Purchase order enclosed
 - Check enclosed payable to APA
 - Charge my MasterCard
 - Visa American Express

Cardholder's name

Cardholder's signature (required)

Card number *Expiration date*

MAIL TO:

**American Planning Association
Lock Box 97774
Chicago, IL 60678-7774
312-431-9100**

STUDENT STATUS VERIFICATION

I certify that I am enrolled as a full-time student at

Name of College/University

Expected graduation date *Student ID#*

PLANNING BOARD VERIFICATION

I am a current member of the agency listed below. I do not earn my living in planning.

Name of board or commission *Date*

Phone number of primary board contact

- Full-time student/Planning board member**
- By checking this box I verify that all of the above information is correct.

Join APA Today!

NAME & MAILING ADDRESS

Name Mr. Ms. Mrs. Miss

Mailing address

City *State* *ZIP*

Home phone number

Preferred E-mail address *CHAP*

EMPLOYER MAILING ADDRESS

Employer Name

Employer Address *Suite No.*

City *State* *ZIP*

Office Phone Number *Fax Number*

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