

APA LIFE MEMBERSHIP APPLICATION

Name:

Home Mailing Address:

Phone:

Email:

Previous employer:

Date retired:

Region:

Date awarded Life Membership:

Number of years in APA: _____

Any offices held: (name position/years held)

National:

Regional:

Submitted by:

Title

Date:

Note: Life Membership is an honor that is awarded to members who have demonstrated enthusiasm for APA by either taking office (voted or appointed) or other exceptional activity to further the goals of APA locally, regionally or nationally. According to current practices, Life Members do not pay the registration fee at conferences and do not pay annual dues; although they are encouraged to make tax deductible donations.

Return this form to your Regional President. Regional President is to notify National Office.