

**New York State Capital Region Chapter
of the
American Payroll Association**

Membership is open to Payroll, Human Resource and other professionals who are interested in the development, maintenance and operation of payroll in their organizations.

Chapter Membership dues are:

\$30.00/year for National APA member

\$40.00/year for individual membership

\$100.00/year corporate rate (maximum 5 per business) (provide list of members if corporate)

Chapter Membership Application

Name: _____

Title: _____

Company: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail Address: _____

Home Phone: (____) _____

Business Phone: (____) _____

Type of Business: _____

Are you a member of National APA? NO__ YES__ Member

_____

Are you CPP (Certified Payroll Professional) Certified? YES__ NO__

FPC (Fundamental Payroll) Certified? YES__ NO__

Make check payable to: NYS Capital Region Chapter

of the American Payroll Association

Fed Tax ID #16-1612212

Mail completed application and your check to:

NYS Capital Region Chapter of the American Payroll Association

P.O. Box 923

Latham, NY 12110