



2010 SCAPA ANNUAL MEMBERSHIP FORM



SC Chapter of APA
PO Box 8152

Columbia, SC 29202-8152

MAKE CHECK PAYABLE TO: SCAPA

New Member: \$50.00
Referred by: _____

Renewal Member:
\$50.00 thru March 15th
\$10.00 late fee March 15th – December 31st

Name: _____

CPP: Yes__ No__ FPC : Yes__ No__ Member of National APA: Yes__ No__ ID # _____

Title: _____

Company Name: _____

Address: _____

City, State, and Zip: _____

Telephone: _____ Fax: _____

Email: _____

Alternate Email: _____

Type of payroll software: _____

Frequency of pay: _____