

SCAPA MEMBERSHIP FORM

If you are interested in joining the South Carolina chapter of the American Payroll Association, please complete this form and enclose \$50.00 per person. Send the completed form along with your payment to:

MAKE CHECK PAYABLE TO: SCAPA

Mail to:

SC Chapter of APA

PO Box 8152

Columbia, SC 29202-8152

Renewal Membership

New Member

Referred by: _____

Name: _____

CPP: Yes No **Member of National APA:** Yes No **ID #** _____

Title: _____

Company Name: _____

Address: _____

City, State, and Zip: _____

Telephone: _____ **Fax:** _____

Email: _____

Type of payroll software: _____

Frequency of pay: _____

Can You/your Company provide a free/inexpensive (professional) meeting place for chapter meetings that will accommodate 40 people? Yes No

If yes, what is the cost? _____ What is the location? _____

Are there resources available (i.e. overheads, screens, etc.) _____