

# 2010 Education Portfolio Order Form

For online registration or ordering, visit: [www.americanpayroll.org](http://www.americanpayroll.org)

I am an APA MEMBER

APA Member's ID #: \_\_\_\_\_

(Update your contact information at [www.americanpayroll.org](http://www.americanpayroll.org))

I am a COLLEAGUE of an APA Member (at the same street address)

Colleague's ID #: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Member's ID #: \_\_\_\_\_

I want to **join APA** now: One-Year Annual Membership Dues\* \$219 + One-Time Enrollment Fee \$35 = \$254

I am NOT an APA Member or Colleague

\*Membership dues are subject to change without notice and are nonrefundable. Membership is on an individual basis; corporate memberships are not available. 100% of membership dues are deductible as an ordinary business expense. An enrollment fee of \$35 is charged to all new members and to reinstate members inactive for more than 90 days. Members of the American Payroll Association receive PAYTECH magazine as part of their annual dues of \$219, \$50 of which is allocated for their subscription to PAYTECH, which is nonrefundable therefrom.

## Please send me the following PRODUCTS:

Product Name	Product Code	Quantity	Price
_____	_____	_____	_____
_____	_____	_____	_____
Less quantity discount on books (if applicable)			\$ _____
Shipping & handling:			
U.S. add 7% of product subtotal; outside U.S. add 25% of product subtotal			\$ _____
Shipping & handling for PayTrain®, add \$16 per unit			\$ _____
Shipping & handling for Fundamentals of Payroll, add \$12 per unit			\$ _____
<b>Product Subtotal</b>			\$ _____
MN sales tax: 6.875% on PayTrain and Fundamentals of Payroll			\$ _____
Sales tax for books, e-books, CDs, PayTrain, Fundamentals of Payroll:			
NV 8.1%, NY 9.5%, TX 8.125%			\$ _____
<b>(A) Total for Products</b>			\$ _____

## Please register me for the following COURSES:

Course Name	Course Code	Course Location	Course Date(s)	Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>(B) Total for Courses</b>				\$ _____
(C) One-year membership dues & fees, if applicable (\$254)				\$ _____
<b>(A+B+C) TOTAL AMOUNT PAID</b>				\$ _____

## Purchaser's/Registrant's Information

Name:  Ms.  Mr. \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip+4-digit/Postal Code: \_\_\_\_\_ + \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

(Area/Country Code)

(Area/Country Code)

E-mail: \_\_\_\_\_

(For official APA communications, registration confirmations, and Payroll Currently)

Please indicate if you are:  CPA  PA (For NASBA reporting purposes)

**Special Dietary Request:**  Vegetarian  Gluten-free  Kosher

### Needed for new member enrollment

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Payment Information

Payment in U.S. dollars must accompany your order.

Currency Converter: [www.americanpayroll.org](http://www.americanpayroll.org)

### Three enrollment options:

Online

[www.americanpayroll.org](http://www.americanpayroll.org)

Fax

(210) 224-6038

Mail

To address at right

I authorize the American Payroll Association to CHARGE my:



Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Card is: (check one)  Corporate  Personal

Name on Credit Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

I agree to the cancellation policies found at [www.americanpayroll.org](http://www.americanpayroll.org).

PURCHASE ORDER #: \_\_\_\_\_  
(government agencies/universities only)

Make CHECK payable and mail to:

American Payroll Association  
c/o Membership Services  
660 North Main Avenue, Suite 100  
San Antonio, TX 78205-1217

Phone: (210) 224-6406  
M - F, 8 a.m. - 6 p.m. CT

**EMT: B E W**

Last updated: February 2010

### For Office Use Only:

Date: \_\_\_\_\_ Order #: \_\_\_\_\_ Batch #: \_\_\_\_\_ Group #: \_\_\_\_\_ Check #: \_\_\_\_\_ C/P: \_\_\_\_\_ Total \$: \_\_\_\_\_