

Education and Publications Toolkit Order Form

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- I am an APA MEMBER
APA Member's ID #: _____
(Update your contact information at 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
APA ID# (if known): _____

Have you ever:

Purchased something from the APA? Yes No

Had a membership with the APA? Yes No

If yes, what name was it under? _____

What was the company name? _____

*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 there from.

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 \$ _____

Product Subtotal \$ _____

Applicable sales tax for books, eBooks, CDs, *PayState Update*: _____

WA, FL, NV, NY, and TX (subject to change, see website for updated listing) \$ _____

(A) Total for Products \$ _____

To order *PayTrain Fundamentals* or *PayTrain 2017*, visit www.learnpayroll.com or call (800) 444-5015.

Please register me for the following COURSES:

Course Name	Course Code	Course Location	Course Date(s)	Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(B) Total for Courses \$ _____

(C) One-year membership dues & fees, if applicable (APA: \$254) \$ _____

(A+B+C) TOTAL AMOUNT PAID \$ _____

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)

Email: _____
(For official APA communications, registration confirmations, PAYTECHonline, 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

Three enrollment options:

Online www.americanpayroll.org **Fax** (210) 224-6038 **Mail** To address at right

I authorize the American Payroll Association to CHARGE my: Card is:
 American Express Discover MasterCard Visa Corporate Personal

Card #: _____

Exp. Date: _____ CVV Code: _____

Name on credit card: _____

Signature of cardholder: _____

I agree to the cancellation policies found at 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

Last updated: January 2017

EMT: WEB

For Office Use Only:

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