

# American Payroll Association's Order Form

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

## 1 Order Form

**Please send me the following PRODUCTS:**

Product Name	Product Code	Quantity	Price
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Less quantity discount on books (if applicable) \$ \_\_\_\_\_

**Shipping & handling (does not apply to eBooks or subscriptions):**

U.S. add 7% of product subtotal; outside U.S. add 25% of product subtotal \$ \_\_\_\_\_

**Product Subtotal** \$ \_\_\_\_\_

Please determine your applicable sales tax and remit to APA with your payment.

You can determine your sales tax by going through the checkout process online

for the product(s) you are purchasing. [www.americanpayroll.org/salestax](http://www.americanpayroll.org/salestax). \$ \_\_\_\_\_

**(A) Total for Products** \$ \_\_\_\_\_

**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: \$289) \$ \_\_\_\_\_

**(A+B+C) TOTAL AMOUNT PAID** \$ \_\_\_\_\_

To order *PayTrain Fundamentals* or *PayTrain*, visit [www.learnpayroll.com](http://www.learnpayroll.com) or call (800) 444-5015.

## 2 Registrant 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

I am an APA MEMBER. 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:

Annual Membership Dues\* \$254 + One-Time Enrollment Fee \$35 = \$289

I am NOT an APA Member or Colleague. ID# (if known): \_\_\_\_\_

**Needed for new member enrollment** Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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? \_\_\_\_\_

## 3 Payment Information

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

Currency Converter: [www.xe.com](http://www.xe.com)

**Three enrollment options:**

**Online** [www.americanpayroll.org](http://www.americanpayroll.org)  **Fax** (210) 224-6038  **Mail**  
 To address below

I authorize the American Payroll Association to CHARGE my:

American Express  Discover  MasterCard  Visa

Card is:  Corporate  Personal

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

Exp. Date: \_\_\_\_\_ CVW Code: \_\_\_\_\_

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 Customer Service

660 North Main Avenue, Suite 100

San Antonio, TX 78205-1217

Email: [apa@americanpayroll.org](mailto:apa@americanpayroll.org) • Visit: [www.americanpayroll.org](http://www.americanpayroll.org)

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

\*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.

Last updated: January 2019

EMT: BEW

FOR OFFICE USE ONLY:

Date: \_\_\_\_\_ Order #: \_\_\_\_\_ Batch #: \_\_\_\_\_

Group #: \_\_\_\_\_ Check #: \_\_\_\_\_ C/P: \_\_\_\_\_ Total: \$ \_\_\_\_\_