

Education and Publications Toolkit Order Form

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- I am an APA MEMBER
 APA Member's ID #: _____
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- 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
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_____	_____	_____	_____
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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 \$25 per unit			\$ _____
Shipping & handling for Fundamentals of Payroll, add \$20 per unit			\$ _____
Product Subtotal			\$ _____
MN sales tax: 6.5% on PayTrain and Fundamentals of Payroll			\$ _____
Sales tax for books, eBooks, CDs, PayTrain, Fundamentals of Payroll, PayState Update:			
NV 8.1%, NY 8.875%, TX 8.25%			\$ _____
(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: \$254)				\$ _____
(A+B+C) TOTAL AMOUNT PAID				\$ _____

Purchaser's/Registrant's Information

Name: Ms. Mr. _____ Title: _____
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(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: _____ / _____ / _____

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Payment in U.S. dollars must accompany your order.
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- American Express Discover MasterCard Visa

Card #: _____
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- I agree to the cancellation policies found at www.americanpayroll.org.
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 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
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Last updated: November 2015

EMT: WEB

For Office Use Only:

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