



Association of Paroling Authorities International

MEMBERSHIP APPLICATION

Please check membership type

- | | | |
|--------------------------|-----------------------------------------|--------|
| <input type="checkbox"/> | Individual..... | \$65 |
| <input type="checkbox"/> | Organizational 8 (up to 8 members)..... | \$375 |
| <input type="checkbox"/> | Organizational 13 (9–13members)..... | \$475 |
| <input type="checkbox"/> | Organizational 20 (14–20 members)..... | \$575 |
| <input type="checkbox"/> | Organizational 30 (21–30 members)..... | \$725 |
| <input type="checkbox"/> | Organizational 40 (31–40 members)..... | \$875 |
| <input type="checkbox"/> | Corporate..... | \$1000 |
| <input type="checkbox"/> | Associate..... | \$50 |
| <input type="checkbox"/> | Student..... | \$15 |
| <input type="checkbox"/> | Alumni..... | \$40 |

Organization Memberships: Please complete all of the following information for each member in your group.

Member Name (please print) _____

Title _____ Agency _____

Address _____ City _____

State/Province _____ Postal Code _____ Country _____

Phone _____ Email _____

Submit completed membership form to koonce@apaintl.org
To pay by Credit Card, please contact koonce@apaintl.org
(APAI Fed EIN: 20-0263956)

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