

SRAPPA

*Southeastern Regional Association of Physical Plant Administrators
Membership Form*

(For further information e-mail Becky Griffith, griffitr@erau.edu)

Please complete and **print** the following form, and mail with dues to:

APPA Membership Department
1643 Prince Street
Alexandria, VA 22314-2818

Institution/Business Name: _____

Street Address: _____

City: _____ State: _____

Zip or Postal Code: _____ Country: _____

Primary Representative (individual): _____

Title: _____

Address (if different from above): _____

Phone: _____ Fax: _____

Email: _____

Additional Associate Representative (individual): _____

Title: _____

Address (if different from above): _____

Phone: _____ Fax: _____

Email: _____

Additional Associate Representative (individual): _____

Title: _____

Address (if different from above): _____

Phone: _____ Fax: _____

Email: _____

Select the membership classification(s) desired:

Institutional - \$50 per year

Affiliate - \$50 per year

Associate - \$40 per year

Business Partner - \$200 per year (\$0 if APPA member)

Total enclosed: _____ *(Please make checks payable to **SRAPPA**)*

Thank you for choosing SRAPPA!