

2017-2018

## APPA **Business Partner** Membership Application

Business Partners are for-profit entities that support the goals and activities of APPA. Business Partners provide products and services to the facilities management marketplace or have an interest in reaching facilities professionals in the education industry. APPA Business Partners include corporations, companies, manufacturers, vendors, consultants, architects, engineers, and others. The APPA membership year runs from April 1st through March 31st.

### **Business Partner**

Business Partner membership is open to individuals, corporations, organizations, manufacturers, or suppliers of goods and services operating for-profit and wishing to support the activities of the association. Business Partner membership is not be construed as an endorsement, actual or implied, by the association.

One individual is named as the Primary Representative and is the principal contact between APPA and the Business Partner.

### **Dues**

Dues for business partners are based upon the number of representatives or associate members desired:

- \$1,500 - 1 representative, no associates;
- \$3,200 plus 1 region - 1 representative, 5 associates and one free region;
- \$6,500 plus all 6 regions free - unlimited.

\$400 to add additional associates

# APPA **Business Partner** Membership Application

## Regional Membership

In addition, you can also join your region of APPA using this application. The regional membership structure, benefits, and dues vary. See below for participating regions and dues.

### **Regions**

**CAPPA:** Arkansas, Kansas, Manitoba, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Texas

**ERAPPA:** Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Brunswick, New Hampshire, New Jersey, New York, Newfoundland, Nova Scotia, Ontario, Pennsylvania, Prince Edward Island, Quebec, Rhode Island, Vermont

**MAPPA:** Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, Wisconsin

**PCAPPA:** Alaska, American Samoa, British Columbia, California, Guam, Hawaii, Nevada, Oregon, Washington, Yukon Territory

**RMA:** Alberta, Arizona, Colorado, Idaho, Montana, New Mexico, Saskatchewan, Utah, Wyoming

**SRAPPA:** Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, Virginia, West Virginia, Virgin Islands

Region	Business Partner
CAPPA	\$100 per person
ERAPPA	Region Only – \$600.00 (\$500 if APPA member)
MAPPA	Region Only – 10% of APPA dues (\$0 if APPA member)
PCAPPA	Region Only – \$500.00 (\$100 if APPA member)
RMA	\$250
SRAPPA	Region Only - \$200 (\$0 if APPA member)

**APPA Members Product /Service Description** (limit 50 words) Your description will be featured in APPA's online resource guide, a free service for APPA Business Partner members. Select two category listings by clicking [here](#).

---



---



---



---



---



---

LEADERSHIP

# APPA Business Partner Membership Application

Select membership desired:  Business Partner  Regional \_\_\_\_\_ (Name)

APPA membership year runs from April 1st through March 31st.

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip or Postal Code/Country: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Website: \_\_\_\_\_

## Primary Representative

Individual's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone/ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\*Fields highlighted in red are required.**

## Payment Information

Membership can be paid by credit card or check. Make checks payable to APPA in U.S. funds.

Check  Invoice Me

Credit Card Order

Card type:  VISA  Master Card  AmEx

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

APPA Membership Dues: \$ \_\_\_\_\_

Additional Associates: \$ \_\_\_\_\_

Regional Dues: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

## Additional Associates

Individual's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

## Return Application to

APPA Membership & Outreach Department  
1643 Prince Street | Alexandria, VA 22314-2818  
or fax to: (703) 542-3794

Contact APPA Membership & Outreach Department at (703) 542-3821 or membership@appa.org if you have any questions.

