

2024-2025

# APPA **Affiliate** Membership Application

Affiliate membership is open to non-profit institutions or organizations with an interest in facilities management, such as hospitals, churches, military bases, and government agencies. The APPA membership year runs from April 1st through March 31st.

## Dues

Dues for Affiliate members are \$788.

## Regional Membership

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

Region	Affiliate
CAPPA	\$100
ERAPPA	25% of APPA dues
MAPPA	15% of APPA dues
PCAPPA	\$75
RMA	31% of APPA dues
SRAPPA	\$50

LEADERSHIP

# APPA **Affiliate** Membership Application

Select membership desired:  Affiliate  Regional \_\_\_\_\_  
(Region 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 \_\_\_\_\_ Card CVV \_\_\_\_\_

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  
P.O. Box 29 | Alexandria, Va 22313-0029  
email to membership@appa.org

Contact APPA Membership & Outreach Department at (703) 542-3832 or membership@appa.org if you have any questions.

