

**SPRINGFIELD CHAPTER
AMERICAN PAYROLL ASSOCIATION
2020**

Remit to:

*Springfield Chapter, American Payroll Association
c/o APlus Payroll
Attention: Robyn Beckman
1518 E Bradford Parkway
Springfield, MO 65804*

Company Name _____

Company Address _____

Company City/State/Zip _____

Company Phone _____

Email Address _____

Who in your organization is a member of the National American Payroll Assoc?
Please list each name and their APA ID# _____

National members will be referred to as "Members" and non-National members as "Associate Members", per the APA guidelines. No other distinction will be made.

See bottom of next page for the below information.

Primary Member (\$55)

\$55.00

Additional Members from Company
(Names) \$25 each for the next two
\$10 each for members over 3

_____	\$25.00
_____	\$25.00
_____	\$10.00

Total Amount Due

Membership for the Springfield Chapter of the American Payroll Association is by Company, then person. If the person listed above should leave the company or be transferred out of payroll, their replacement will be considered as a member until December 31, 2020.

Please make check payable to Springfield Chapter American Payroll Association And mail to the above address.

Please list each member's email address below: This ensures that all Communication reaches you timely.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total _____