



# AMERICAN PAYROLL ASSOCIATION

## Hawaii Chapter



### MEMBERSHIP APPLICATION

Fiscal year July 01, 2017 to June 30, 2018

Please check one:  New Membership  Renewal

Registered company (including primary member) or individual - \$60.00

Each additional member for a registered company - \$20.00

Student membership - \$20.00

Please check one of the boxes below to indicate a Company, Individual, or Student membership.

Company  Individual  Student

Company / \_\_\_\_\_ \$60.00 / \$20.00

Individual/Student: \_\_\_\_\_

Primary Member: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

City - State - Zip Code \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

National Membership#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Additional Member(s) (E-mail address) (Phone number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Add'l members @ \$20.00 = \$\_\_\_\_\_

Membership Total \$\_\_\_\_\_

Total Enclosed: \$\_\_\_\_\_

**I am interested in participating in or finding out more about the following committees - (Click all applicable):**

- Membership
- Education
- Activities
- Neighbor Island Outreach
- Historian
- Community Service

Please make your check payable to the "American Payroll Association Hawaii Chapter"

Submit this form with payment and mail to:

<b>Internal Use Only</b>
Date check received _____
Check number _____
Amount of Check \$ _____

DFS US Group - Payroll  
330 Royal Hawaiian Avenue, # 350  
Honolulu, HI 96815  
ATTN: Lorena Lee