



Apple Processors Association

APPLICATION FOR MEMBERSHIP

_____ whose address
(Name of Firm or Corporation)

is _____ hereby
(City) (State) (Zip code)

makes application for membership in the Apple Processors Association (APA). If elected to membership, we agree to abide by all the terms and conditions of the By-Laws of APA and all lawful acts of its Board of Directors including prompt payment of all dues and assessments.

We apply for membership in APA as a: _____ Processor
 _____ Supplier
 _____ Sustainer
 _____ Broker/Trader
[Check one]

(Note: To be eligible for membership as a processor in APA the firm, partnership or corporation submitting this request must have at least 50% of their apple product sales revenue originating from products made from the whole apple. The requirement is the same for a subsidiary or division of a corporation, and the former should be the applicant. Source: APA By-Laws, Article II, Section 1)

We understand that for the purpose of determining and assessing dues, the appropriate block checked below covers the period September 1, _____ (year) to August 31, _____ (year).*

		<small>[Check one]</small>
Sales up to \$12.5 million.....	\$ 3,000.00	<input type="checkbox"/>
Sales from \$12.5 million to \$25 million	\$ 4,000.00	<input type="checkbox"/>
Sales from \$25 million to 50 million.....	\$ 6,000.00	<input type="checkbox"/>
Sales from \$50 million to \$100 million.....	\$ 9,000.00	<input type="checkbox"/>
Sales of \$100 million and above.....	\$12,000.00	<input type="checkbox"/>
Suppliers of goods and/or services	\$ 3,500.00**	<input type="checkbox"/>
Sustaining members.....	\$ 7,500.00	<input type="checkbox"/>
Brokers and Traders	\$15,000.00	<input type="checkbox"/>

(Sales data category given will be held in strict confidence by Chaconas, Wilson & Walsh, Certified Public Accountants, and will not be released to the APA Board of Directors, officers or any other persons. You will be invoiced by the Certified Public Accounting firm).

* Companies joining after March 1 will be assessed pro-rated dues at 1/2 the regular annual rate. APA's FY is from Sept. 1-Aug. 31.

** A subsidiary or division of an APA supplier member company may join APA at 1/2 the regular annual rate.

Mr.
Mrs.
Were we to be elected to the APA, Ms. _____
(Name)

(Title) (Address)

Would become our voting or affiliate representative.

Submitted on behalf of the applicant by:

(Name)

(Title)

(Address)

(Area Code) (Tel. No.)

Please return completed application to:

Chaconas, Wilson & Walsh, P.C.
Certified Public Accountants
ATTN: Mr. Joseph F. Wilson, Jr.
Suite 580
2100 Pennsylvania Avenue, N.W.
Washington, DC 20037-3202

OFFICE USE ONLY	
Rec'd	_____
Dues	_____
Status	_____