

# Application for Membership/ Membership Renewal Form



Greater Cleveland Chapter  
American Payroll Association

Attn: Lina Silvestro, CPP

P.O. Box 33751

North Royalton, OH 44133

[www.apacleveland.org](http://www.apacleveland.org)

\$35.00 Annual Fee/Person

Check Type of Membership: New: \_\_\_ Change: \_\_\_ Renewal: \_\_\_

**Primary Business Address:** (Please print clearly)

Title: CPA CPP FPC PHR SPHR GPHR

First Name

Middle Initial

Last Name

Company Name

Job Title

Business Address (No P.O. Boxes Please)

City

State

Zip + 4-digit

Business Phone Number

Fax Number

Email Address

Birth Date: Month/Day

Employer's Business

# of Employees

Payroll Service Used

**Secondary Address (Home):**

T-Shirt Size: S M L XL 2XL 3XL

Street Address

City

State

Zip + 4-digit

Phone Number

Email Address

**APA National Membership:** \_\_\_ APA National Member APA National ID # \_\_\_

**Interested in Becoming an APA National Member:** \_\_\_ Yes, please send me information \_\_\_ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note: All notifications & correspondence are sent electronically to your PRIMARY email address unless otherwise noted here.**

Completed by Chapter Treasurer

Date Membership Payment Received: \_\_\_/\_\_\_/\_\_\_ Cash \_\_\_ Check Number \_\_\_