



P.O. Box 30438 • Bethesda, MD 20824-0438  
Phone (301) 907-8181 • Fax (301) 907-9148

**9-9-9 Recruitment Campaign**  
Expires 12/31/11

APA 10-11

**FULL**

**MEMBERSHIP APPLICATION**

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**CONTACT INFORMATION**

Company Name \_\_\_\_\_  
Primary Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Website \_\_\_\_\_

Year company established \_\_\_\_\_

Additional Contact \_\_\_\_\_

E-mail \_\_\_\_\_

Additional Contact \_\_\_\_\_

E-mail \_\_\_\_\_

Additional Contact \_\_\_\_\_

E-mail \_\_\_\_\_

**DUES STRUCTURE**

**FULL MEMBER**

Dues	Annual Sales
<input type="checkbox"/> \$1,300 <b>\$999</b>	\$0-250,000
<input type="checkbox"/> \$2,000 <b>\$999</b>	\$250,001-750,000
<input type="checkbox"/> \$3,500 <b>\$999</b>	\$750,001-3,000,000
<input type="checkbox"/> \$6,600 <b>\$999</b>	\$3,000,001-5,000,000
<input type="checkbox"/> \$8,300 <b>\$999</b>	Above \$5,000,001

Full Member dues are based on gross sales for the previous year. Please have your accountant sign the attached verification form and return it along with your dues payment.

\* An estimated 6.25% of your dues are non-deductible as a result of APA lobbying activity.

\* 9-9-9 campaign rates available only to first time members to the APA. If a company joins before the end of 2011 their dues will be pre-paid for all of 2012.

**TRADE REFERENCES**

Please list three APA member companies who are familiar with your business and can verify the statements made in this application. If you cannot provide three references, please contact the APA for assistance. Full member applicants must provide 3 references from a fireworks display or retail company that is currently an APA member.

Company Name / Name of Contact

- 1 \_\_\_\_\_ / \_\_\_\_\_
- 2 \_\_\_\_\_ / \_\_\_\_\_
- 3 \_\_\_\_\_ / \_\_\_\_\_

**NATURE OF BUSINESS**

(Please indicate the company's primary nature of business)

Please use the following definitions when completing this section

**Manufacturer** Manufactures fireworks or other pyrotechnic devices.

**Distributor** Sells fireworks to wholesalers (jobbers) and retailers for resale.

**Wholesaler (Jobber)** Sells fireworks to retailers for resale to consumers.

**Retailer** Sells consumer fireworks to the public or fireworks displays to users. (retail stands, tents, fireworks stores)

**Display Firm** Provides public displays, or sells fireworks displays to customers.

Please indicate the approximate percentage of your fireworks business that falls into the following categories:

**Products**

	Consumer Fireworks	Display Fireworks	Other (specify)
Manufacturer			
Distributor			
Wholesale			
Retail			
Display			

Please insert the approximate percentages of your purchases from the following supplier categories:

American Manufacturer \_\_\_\_\_%

Other Manufacturer \_\_\_\_\_%

American Distributor \_\_\_\_\_%

**PAYMENT INFORMATION**

Card Holders Name \_\_\_\_\_

CC # \_\_\_\_\_

Exp Date \_\_\_\_\_

Check Enclosed  Credit Card:  MC  VISA  AMEX

**Total enclosed/to be charged \$** \_\_\_\_\_



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# MEMBERSHIP APPLICATION

## FIREWORKS SALES VERIFICATION FORM

(Must be completed for all Applicants and Full Member Renewals)

COMPANY NAME \_\_\_\_\_

I hereby authorize my CPA or other Accountant to provide the following information with respect to my existing membership or my application of membership in the American Pyrotechnics Association. I understand that this information is confidential and is not to be disclosed without my express consent.

\_\_\_\_\_  
 Printed Name of Authorizing Individual

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

### ACCOUNTANT CERTIFICATION

This is to certify that the American Pyrotechnics Association member or applicant for membership named above, should fall into the following category, based upon the gross annual sales of fireworks for that company including any subsidiary companies engaged in the business of fireworks or fireworks related activities.

<u>Annual Fireworks Sales</u> (Including fireworks, toy smoke devices, sparklers and trick noise makers.)	<u>Preparer's Initials</u>
\$0 - \$250,000	
\$250,001 - \$750,000	
\$750,001 - \$3,000,000	
\$3,000,001 - \$5,000,000	
Above \$5,000,001	

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Name of Firm

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