

FULL MEMBERSHIP APPLICATION Page 1

7910 Woodmont Ave., Suite 1220 • Bethesda, MD 20814 Phone (301) 907-8181

	NFORMATION	Year company established		
	e			
	x			
		E-mail		
-		Additional Contact		
		E-mail		
Fax		Additional Contact		
E-mail		E-mail		
Website				
DUES STRU	JCTURE Full Me	ember dues are based on gross sales for the previous year. Please have your accountant		
FULL MEMBER sign t		e attached verification form and return it along with your dues payment.		
	Annual Sales			
□ \$1,300 □ \$2,100	\$0-250,000 * An es \$250,001-750,000	stimated 6.25% of your dues are non-deductible as a result of APA lobbying activity.		
□ \$2,100 □ \$3,700		ave read and agree to abide by the APA Code of Ethics.		
□ \$7,000	\$3,000,001-5,000,000	The read and agree to ablue by the Ar A code of Ethics.		
□ \$9,000	\$5,000,001-10,000,000			
🛛 \$ 10,000	Over \$10 Million			
	EFERENCES	Company Name / Name of Contact		
	hree APA member companies who are fames and can verify the statements made			
	If you cannot provide three references			
	APA for assistance. Full member application	nts must 2		
	ferences from a fireworks display or retail on the second se	company		
that is currently an APA member.		3/		
NATURE	OF BUSINESS (Please indicate t	the company's <u>primary</u> nature of business)		
	he following definitions when completing this			
manutactur	er Manufactures fireworks or other pyrotechr	nic consumers.		

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

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 insert the approximate percentages of your purchases from the following supplier

American Manufacturer %

%

____%

Please indicate the approximate percentage of your fireworks business						
that falls into the following categories:						
Products						
	Consumer	Display	Other			
	Fireworks	Fireworks	(specify)			
Manufacturer						
Distributor						
Wholesale						
Retail						
Display						

PAYMENT INFORMATION

Card Holders Name _____

CC # _____

Expiration Date: ______ Security Code: _____

Check Enclosed Credit Card: MC VISA AMEX

Total enclosed/to be charged \$_____

categories:

Other Manufacturer

American Distributor



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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.

Annual Fireworks Sales (Including fireworks, toy smoke devices, sparklers and trick noise makers.)	Preparer's Initials
\$0 - \$250,000	
\$250,001 - \$750,000	
\$750,001 - \$3,000,000	
\$3,000,001 - \$5,000,000	
\$5,000,001 - \$10,000,000	
Above \$10,000,000	

Printed Name

Name of Firm

Signature