



INTERNATIONAL MEMBER APPLICATION

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

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

FOREIGN MEMBER

Dues	Annual Sales
<input type="checkbox"/> \$1,300	0-5 containers
<input type="checkbox"/> \$3,300	6-25 containers
<input type="checkbox"/> \$6,000	More than 25 containers

Foreign Member dues are based on firework sales to the U.S. from the previous year. Piers Report is monitored to assure proper dues payment.

* First time members are eligible for a one-time 20% discount off their first year dues and agree to at least a two year membership commitment.

I have read and agree to abide by the APA Code of Ethics.

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.

Company Name / Name of Contact

1 _____ / _____
2 _____ / _____
3 _____ / _____

NATURE OF BUSINESS

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

(check all that apply)

Consumer Fireworks _____
Display Fireworks _____
Other _____ Specify _____

If involved with the manufacture of more than one, please indicate the approximate percentage of your business that falls into the following categories.

Consumer _____ Display _____ Other _____

PAYMENT INFORMATION

Card Holders Name _____
CC # _____
Exp Date _____
Security Code _____

Check Enclosed Credit Card: MC VISA AMEX

Total enclosed/to be charged \$ _____