



INTERNATIONAL MEMBER APPLICATION

7910 Woodmont Ave., Suite 1220 ● Bethesda, MD 20814
 Phone (301) 907-8181 ● Fax (301) 907-9148

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.

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 \$ _____