



American Planning Association
Wisconsin Chapter

Creating Great Communities for All

APA-WI ORGANIZATIONAL MEMBERSHIP APPLICATION FORM

DATE _____

CONTACT FULL NAME, TITLE, AND COMPANY

MAILING ADDRESS OF CONTACT (NOT COMPANY)

EMAIL ADDRESS OF CONTACT

ALTERNATE DAYTIME PHONE NUMBER AND/OR EMAIL ADDRESS OF CONTACT

AICP CERTIFIED? ____ Y ____ N ____ N/A

Email the roster of members with the following information to emilyzandt@gmail.com in an Excel spreadsheet:

- Full name
- Title, if any
- Company
- Email Address

The **\$50.00** fee should be mailed to (checks payable to APA-WI):

Sarah Van Buren, Treasurer
American Planning Association - Wisconsin Chapter
474 Crowfoot Ave
Fond du Lac, WI 54935

Once payment confirmation is received, your Organization will be added to the membership list.

Membership and renewals are on a January 1-January 1 calendar basis. Please renew your Organizational Membership no later than February 28th.

_FOR OFFICE USE ONLY PAID \$ _____ INITIALS _____

UPDATE MASTER EXCEL SPREADSHEET UPON PAYMENT CONFIRMATION _____ INITIALS _____