



APA-WI ORGANIZATIONAL MEMBERSHIP APPLICATION FORM

Creating Great Communities for All

DATE OF
APPLICATION

CONTACT PERSON FOR ORGANIZATION

CONTACT DAYTIME PHONE
NUMBER

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 sscherer@waukeshacounty.gov
(and cc [Nancy Frank at frankn@uwm.edu](mailto:frankn@uwm.edu)) 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](#)
[Community and Economic Development Coordinator](#)
[City of Waupun](#)
[201 E. Main St.](#)
[Waupun, WI 53963](#)

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 January 31st of each calendar year.

FOR OFFICE USE ONLY

PAID \$ _____

UPDATE MASTER EXCEL SPREADSHEET UPON PAYMENT CONFIRMATION

Initials Date Updated