BROWARD SECTION AMERICAN PLANNING ASSOCIATION

Post Office Box 1194
Fort Lauderdale, Florida 33302
www.floridaplanning.org/broward

MEMBERSHIP APPLICATION

Name and Title: _____

Address: _____

_____

Is this your work address? **Yes** **No**

Is this where you want to receive notices? **Yes** **No**

If not, where? _____

_____

Employer: _____

Telephone: _____ **Is this your work phone?** **Yes** **No**

Fax: _____

E-mail: _____

Membership Information: (please mark appropriate)

Non-APA Member ($31)
APA Member ($21)
Student* ($10)
If you are a student, please have chair or department head sign this form.

Are you AICP? **Yes** **No** **AICP No.** _____

Payment method: **Cash** ***Check** **Check No.**_____

_____
Member Signature Date

_____
Chair or Department Head (if student membership only) Date

* Please make checks payable to APA-Florida