

Please take a moment now to complete the July 1 – June 30 membership application provided below and return it with your dues of **\$10.00** for regular members or **\$5.00** for elected or appointed officials to:

**Emerald Coast Section
Florida Chapter of the APA
P. O. Box 9324
Pensacola, FL 32513-9324**

Emerald Coast Section membership will entitle you to receive correspondence, reduced rates for section activities, invitations to “members only” activities, and a copy of the membership list (upon request).

Please feel free to make copies of this application and give to any other interested person(s). Please **type or print legibly** the following information. Please notify the Section of any changes.

**MEMBERSHIP APPLICATION
Emerald Coast Section
Florida Chapter of the APA**

DATE: _____

NAME: _____

TITLE/POSITION: _____

EMPLOYER/AFFILIATION: _____

PREFERRED MAILING ADDRESS: _____

BUSINESS PHONE (including area code): _____

FAX NUMBER (including area code): _____

E-MAIL ADDRESS (required): _____

CHECK ALL THAT APPLY:

AICP MEMBER – Membership Certification Number: _____

NATIONAL APA MEMBER – APA Membership Number: _____
(number above your name on the mailing label of the *APA Planning* magazine)

FLORIDA CHAPTER MEMBER

EMERALD COAST SECTION MEMBER

FULL-TIME STUDENT

ELECTED/APPOINTED OFFICIAL
(County Commission, Planning Commission, etc.)