



Association of Aquatic Professionals

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Web Site: www.aquaticpros.org

MEMBERSHIP APPLICATION

Date: _____ Check one: _____ New Member _____ Renewal

First Name: _____ Last Name: _____

Title _____

Agency/Dept./Company/University _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____

E-mail: _____

Website: _____

MEMBERSHIP CATEGORIES AND DUES: Membership year runs from March 15th to March 15th.

Please Check Your Membership Category:

Please NOTE:

1. In order to qualify for the Agency rate one member must register at the \$40 and then additional members from that agency can register at the \$30 rate (must be the same address listed for everyone)

2. ALL Companies or Businesses MUST register under the Commercial Member category. The rate includes the Company and 1 representative! (each additional person is \$30)

• Individual Professional _____ **\$40.00**

• Agency Membership (After 1st) _____ **\$30.00**

One member joins at the Individual rate and each additional member from the same agency joins at the \$30 rate. Please have each member fill out separate applications.

• Group Agency Membership(up to 6)	_____	\$150.00
	(7-10) _____	\$300.00
	(16-15) _____	\$450.00
	(26-40) _____	\$750.00
	(41+) _____	\$1200.00

(Based on total number of members from one agency. No one needs to join at the Individual rate for this category. (please submit a document with all members names, phone numbers and email addresses)

• Commercial/Consultant (any Company or business) _____ **\$110.00**

I would like to make a donation to the A \$ _____

Payment Options:

I have enclosed a check for the total amount of: \$ _____
There is a \$35 service charge on ALL returned checks!!!!



You may go to the www.aquaticpros.org and pay with a credit card (VISA, MC, or Discover).