



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:

ALL Companies or Businesses or consultants MUST register under the Commercial Member category. The rate includes the Company and 1 representative. Additional reps may join at the \$40 rate.

- Individual Professional _____ **\$40.00**
- Agency Membership _____ **\$40.00**
- Group Agency Membership(4 to 5) _____ **\$150.00**
 - (6-7) _____ **\$250.00**
 - (7-10) _____ **\$300.00**
 - (11-15) _____ **\$375.00**
 - (16-25) _____ **\$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 AOAP \$ _____

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).