



MEMBERSHIP APPLICATION FORM

A membership in APEC supports the goals and purposes for which APEC was founded and entitles you to receive advance mailings of our newsletter and program guides, and reduced fees.

Mail to: APEC, 228-06 Northern Blvd., Douglaston, NY 11362 Tel: (718) 229-4000

Please print clearly

New Renewal

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Enclosed please find check of: \$ _____

Please charge my membership fee of \$ _____ to the credit card indicated below:

Master Card Visa Amex Other: _____

Account # _____ Exp. Date _____

Auth. Signature _____

APEC MEMBERSHIPS

(Please check appropriate box)

- Individual (*adult only*) \$40
- Family \$60
- Senior (*one adult only, age over 60*) \$30
- Senior with Child \$40
- College Student (*18+*) \$20
- Associate \$100
- Sustainer \$250
- Fellow \$500
- Benefactor \$1,000
- Additional Donation \$ _____