

APCO International

Association of Public-Safety Communications Officials-International, Inc.

APPLICATION FOR COMMERCIAL MEMBERSHIP

CONTACT INFORMATION

Name _____

Organization _____

Organization Address _____

Email _____

Home Address _____

Primary Address: Home Work Referred by: _____

Title _____

Amateur Call Sign _____

City _____ State _____ Zip _____

Phone _____ Fax _____

City _____ State _____ Zip _____

Future Invoices: Bill me directly Bill Organization

COMMERCIAL MEMBERSHIP INFORMATION

Commercial Member Category \$154

Those persons who receive compensation in any form of products and services rendered in business and industry are eligible to be Commercial members. Voting privileges are not extended to commercial members, though they may otherwise enjoy all benefits and privileges of the association.

Non-Commercial members use application at:
http://www.apcointl.org/new/membership/app_comm.php

Additional Chapters:

Persons residing and/or permanently employed in the chartered area of a chapter are required to be members of such chartered Chapter. Members belonging to one Chapter may become a member of any other number of Chapters as outlined in the bylaws. Please list the additional Chapters by name:

of Additional Commercial Chapters: _____ X \$46.20 _____

Total Due _____

***Note:** \$35 of your membership goes to your subscription to *Public Safety Communications / APCO Bulletin Journal*. APCO International annual dues are not a deductible contribution for federal tax purposes, but may be deducted as a business expense. *Public Safety Communications* subscription price for one year (\$35) is included in membership dues and members may not deduct the subscription price from dues. APCO estimates that an additional 7.6% of your dues are not deductible because of APCO's lobbying activities on behalf of its members. Rates valid through September 30, 2011. Membership runs through the calendar year. See website for proration information.

MEMBER PROFILE

Organization Type – Please select the one that best fits.

- | | |
|----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Association | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Consultant Services | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Equipment Vendor | |

Job Classification – Please select the one that best fits.

- | | |
|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Director | <input type="checkbox"/> President/CEO |
| <input type="checkbox"/> Engineer/Technician | <input type="checkbox"/> Product Specialist |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Other _____ |

PAYMENT INFORMATION

Check enclosed # _____

AMEX Mastercard Discover Visa

Card Number _____

Expiration Date _____ Security Code _____

Signature _____

Print Name _____

Mail completed application with payment to:

APCO International Membership
351 North Williamson Blvd. • Daytona Beach, FL 32114
Or Fax to 386.322.2501

Membership will become activated upon full payment of applicable dues.