

**Please Mail To:
APSA
PO Box 248
HAWTHORNE CA 90250**

APSA Associate Membership Application

To join APSA as an Associate Member, simply return the completed membership application form to APSA, Attn: APSA PRESIDENT. No immediate payment is required. APSA will bill you. Dues are \$58.50 annually or \$29.25 semiannually.

I do hereby apply for associate membership in APSA and agree to pay dues at the rate of 35% of the regular APSA membership dues. I certify that I am not a non-supervisory Member of the Technical Staff (MTS) at the Aerospace Corporation. I further understand that I am not a member of the collective bargaining unit represented by APSA and that associate membership does not convey any rights of representation of APSA.

Date: _____

Signature

**Last Name
Middle**

First

Mailing Address

City

State

Zip Code

Home Phone

Work Phone

Select Billing Period: Semi-Annually (\$29.25)____, Annually (\$58.50)_____.