AICP Member Products Order Form

AICP Member Lapel Pin	$10	_____ Qty.	_____ Subtotal
Replacement AICP Member Certificate	$20	_____ Qty.	_____ Subtotal

_____
Print your name as it should appear on the certificate.

APA/AICP Member ID No.
Name
Shipping Address
City/State/ZIP
Daytime Phone No.
Fax No.
E-mail Address

Return this form, with payment, to:
American Planning Association
Attn: AICP Member Products
122 S. Michigan Ave., Suite 1600
Chicago, IL 60603

Credit-card orders may be faxed to 312-786-6735.

Direct questions to 312-786-6342 or AICP@planning.org.

Sales Tax _____
Illinois residents only, add 9%.

Prices include shipping and handling.
Please allow three to four weeks for delivery.

Total **$**_____

Payment

❑ I have enclosed a check, payable to APA.

❑ Please charge my credit card.
❑ American Express ❑ MasterCard ❑ Visa

_____
Credit Card Number Expiration Date

_____
Cardholder's Name

_____
Cardholder's Signature

_____
Billing Address (if different than shipping address)

_____
City/State/ZIP

American Institute of Certified Planners
The Professional Institute of the American Planning Association

American Planning Association
Making great communities happen