

Join an APA division today!

Print, complete, and return this form to APA.

Which APA divisions do you see yourself in?

- | | |
|---|--|
| <input type="checkbox"/> City Planning and Management | <input type="checkbox"/> New Urbanism |
| <input type="checkbox"/> County Planning | <input type="checkbox"/> Planning and Law |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Planning and the Black Community |
| <input type="checkbox"/> Environment, Natural Resources, and Energy | <input type="checkbox"/> Planning and Women |
| <input type="checkbox"/> Federal Planning | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Gays and Lesbians in Planning | <input type="checkbox"/> Regional and Intergovernmental Planning |
| <input type="checkbox"/> Housing and Community Development | <input type="checkbox"/> Small Town and Rural Planning |
| <input type="checkbox"/> Indigenous Planning | <input type="checkbox"/> Technology |
| <input type="checkbox"/> International | <input type="checkbox"/> Transportation Planning |
| <input type="checkbox"/> Latinos and Planning | <input type="checkbox"/> Urban Design and Preservation |

Division dues (each division) APA regular member \$25 | APA student member \$10 | APA new professional member \$10 | Nonmember \$40

Name _____

Employer _____

Office address _____

City _____ State _____ ZIP _____

Office phone number _____

Fax number _____

Home address _____

City _____ State _____ ZIP _____

Home phone number _____

E-mail address (required) _____

I am an APA member. My APA ID is _____

- | | | |
|--------------------------------|-------------------------------|---------------------------------|
| Credit card billing address is | <input type="checkbox"/> Home | <input type="checkbox"/> Office |
| Send invoices to | <input type="checkbox"/> Home | <input type="checkbox"/> Office |
| Send publications to | <input type="checkbox"/> Home | <input type="checkbox"/> Office |

Total \$ _____

Check, payable to APA, enclosed.

Charge my MasterCard Visa American Express
(Credit card orders may be faxed.)

Bill me (Services will begin when APA receives full payment.)

Cardholder's name _____

Cardholder's signature _____

Card number _____ / _____
Expiration date



American Planning Association

Making Great Communities Happen

Payment Center Fax: 312-786-6700
97774 Eagle Way
Chicago, IL 60678-7774