

SRAPPA
Southeastern Regional Association of Physical Plant Administrators
Membership Form

(for further information email David Gray, dgray@mtsu.edu)

Please complete and **print** the following form, and mail with dues to:

APPA Membership Department
1643 Prince Street
Alexandria, VA 22314-2818

Institution/Business Name: _____

Street Address: _____

City: _____ State: _____

Zip or Postal Code: _____ Country: _____

Primary Representative (individual): _____

Title: _____

Address (if different from above): _____

Phone: _____ Fax: _____

Email: _____

Additional Associate Representative (individual): _____

Title: _____

Address (if different from above): _____

Phone: _____ Fax: _____

Email: _____

Additional Associate Representative (individual): _____

Title: _____

Address (if different from above): _____

Phone: _____ Fax: _____

Email: _____

Select the membership classification(s) desired:

Institutional	\$50 per year
Affiliate	\$50 per year
Associate	\$35 per year
Business Partner	\$200 per year (\$0 if APPA member)

Total enclosed: _____ *(Please make check payable to SRAPPA)*

Thank you for choosing SRAPPA!