

2018-2019

APPA **Business Partner** Membership Application

Business Partners are for-profit entities that support the goals and activities of APPA. Business Partners provide products and services to the facilities management marketplace or have an interest in reaching facilities professionals in the education industry. APPA Business Partners include corporations, companies, manufacturers, vendors, consultants, architects, engineers, and others. The APPA membership year runs from April 1st through March 31st.

Business Partner

Business Partner membership is open to individuals, corporations, organizations, manufacturers, or suppliers of goods and services operating for-profit and wishing to support the activities of the association. Business Partner membership is not be construed as an endorsement, actual or implied, by the association.

One individual is named as the Primary Representative and is the principal contact between APPA and the Business Partner.

Dues

Dues for business partners are based upon the number of representatives or associate members desired:

- \$1,500 - 1 representative, no associates;
- \$3,200 plus 1 region - 1 representative, 5 associates and one free region;
- \$6,500 plus all 6 regions free - unlimited.

\$400 to add additional associates

APPA Business Partner Membership Application

Regional Membership

In addition, you can also join your region of APPA using this application. The regional membership structure, benefits, and dues vary. See below for participating regions and dues.

Regions

CAPPA: Arkansas, Kansas, Manitoba, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Texas

ERAPPA: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Brunswick, New Hampshire, New Jersey, New York, Newfoundland, Nova Scotia, Ontario, Pennsylvania, Prince Edward Island, Quebec, Rhode Island, Vermont

MAPPA: Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, Wisconsin

PCAPPA: Alaska, American Samoa, British Columbia, California, Guam, Hawaii, Nevada, Oregon, Washington, Yukon Territory

RMA: Alberta, Arizona, Colorado, Idaho, Montana, New Mexico, Saskatchewan, Utah, Wyoming

SRAPPA: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, Virginia, West Virginia, Virgin Islands

| Region | Business Partner |
|--------|-----------------------------------------------------|
| CAPPA | \$100 per person |
| ERAPPA | Region Only – \$600.00 (\$500 if APPA member) |
| MAPPA | Region Only – 10% of APPA dues (\$0 if APPA member) |
| PCAPPA | Region Only – \$500.00 (\$100 if APPA member) |
| RMA | \$250 |
| SRAPPA | Region Only - \$200 (\$0 if APPA member) |

APPA Members Product /Service Description (limit 50 words) Your description will be featured in APPA's online resource guide, a free service for APPA Business Partner members. Select two category listings by clicking [here](#).

LEADERSHIP

APPA Business Partner Membership Application

Select membership desired: Business Partner Regional _____ (Name)

APPA membership year runs from April 1st through March 31st.

Organization Name: _____

Street Address: _____

City/State/Zip or Postal Code/Country: _____

Phone/Fax: _____

Website: _____

Primary Representative

Individual's Name: _____

Title: _____

Address (if different from above): _____

Phone/ Fax: _____

E-mail: _____

***Fields highlighted in red are required.**

Payment Information

Membership can be paid by credit card or check. Make checks payable to APPA in U.S. funds.

Check Invoice Me

Credit Card Order

Card type: VISA Master Card AmEx

Card Number _____ Expiration _____

Cardholder's Name _____

Authorized Signature _____

APPA Membership Dues: \$ _____

Additional Associates: \$ _____

Regional Dues: \$ _____

TOTAL: \$ _____

Additional Associates

Individual's Name: _____

Title: _____

Address (if different from above): _____

Phone/Fax: _____

E-mail _____

Individual's Name: _____

Title: _____

Address (if different from above): _____

Phone/Fax: _____

E-mail _____

Individual's Name: _____

Title: _____

Address (if different from above): _____

Phone/Fax: _____

E-mail _____

Return Application to

APPA Membership & Outreach Department
1643 Prince Street | Alexandria, VA 22314-2818
email to membership@appa.org

Contact APPA Membership & Outreach Department at (703) 542-3821 or membership@appa.org if you have any questions.

