Please take a moment now to complete the July 1 - June 30 membership application provided below and return it with your dues of **\$10.00** for regular members or **\$5.00** for elected or appointed officials to:

Emerald Coast Section Florida Chapter of the APA P. O. Box 9324 Pensacola, FL 32513-9324

Emerald Coast Section membership will entitle you to receive correspondence, reduced rates for section activities, invitations to "members only" activities, and a copy of the membership list (upon request).

Please feel free to make copies of this application and give to any other interested person(s). Please **type or print legibly** the following information. Please notify the Section of any changes.

MEMBERSHIP APPLICATION Emerald Coast Section Florida Chapter of the APA	
DATE:	
NAME:	
TITLE/POSI	ΓΙΟΝ:
EMPLOYER/AFFILIATION:	
PREFERRED MAILING ADDRESS:	
BUSINESS PHONE (including area code):	
FAX NUMBER (including area code):	
E-MAIL ADDRESS (required):	
CHECK ALL THAT APPLY:	
[]	AICP MEMBER – Membership Certification Number:
[]	NATIONAL APA MEMBER – APA Membership Number:
[]	FLORIDA CHAPTER MEMBER
[X]	EMERALD COAST SECTION MEMBER
[]	FULL-TIME STUDENT
[]	ELECTED/APPOINTED OFFICIAL (County Commission, Planning Commission, etc.)