APA Academic Membership Application

By participating in this program, you agree to enroll as academic members in the American Planning Association all faculty members with a rank of assistant professor or above who devote 50 percent or more of their time to the planning department. You may also enroll any other tenured, tenure-tracked, or emeritus faculty who currently teach in or have retired from the planning department. You may not enroll lecturers, adjunct faculty, or teaching assistants. Complete the verification form and identify academic members on the reverse. Return the completed application to APA by October 1.

Figure the total cost

A. Participation fee (required) $ 400

B. APA and chapter dues (required)

APA national dues per member	$ 125	
APA chapter dues per member	+ $ 25	
Total dues per member	$150	
Multiply by number of members	x ____	
Total APA and chapter dues for all members	= $ ____ →	+ $ ____

C. AICP dues (optional)

Complete this section only if your school is enrolling faculty who currently are members of the American Institute of Certified Planners and will pay their annual AICP dues.

AICP dues per member	$ 90	
Multiply by number of AICP members	x ____	
Total AICP dues	= $ ____ →	+ $ ____

TOTAL AMOUNT DUE **= $** ____

Provide contact and billing information (please print)

Institution

Department

Academic membership program administrator

Department address 1

Department address 2

City State ZIP

Telephone Fax

E-mail address of academic membership program administrator (required)

Provide payment information

❑ Check enclosed, payable to APA

❑ MasterCard ❑ Visa ❑ American Express

Card number

Expiration date

Cardholder's signature

Return the completed application by **October 1** to:

American Planning Association
97774 Eagle Way
Chicago, IL 60678-9770
Credit card payments may be faxed to 312-786-6700

APA

American Planning Association

Making Great Communities Happen

The service period for APA academic members is October 1–September 30. To ensure that the enrolled faculty receive a full year of benefits, **return the completed application to APA by October 1**.

Complete the verification

I verify that the individuals named below include all faculty members with the rank of assistant professor or above who devote 50 percent or more of their time to the planning department.

Authorized signature

Name and title *(please print)*

Telephone number Date

Identify academic members

Photocopy this form if you need more room, or attach a separate sheet. Required fields are marked with an *. Publications and other correspondence will be sent to members at the department address unless their individual addresses are provided here. (please print)

*Name ❑ Mr. ❑ Ms. ❑ Mrs. ❑ Dr.

*Title

*Currently an APA member? ❑ Yes ❑ No If yes, provide APA ID

*Currently an AICP member? ❑ Yes ❑ No

Address 1

Address 2

City State ZIP

Daytime phone

*E-mail address‡

*Name ❑ Mr. ❑ Ms. ❑ Mrs. ❑ Dr.

*Title

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*Currently an AICP member? ❑ Yes ❑ No

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Daytime phone

*E-mail address‡

*‡This will be the member's e-mail address of record. APA will use it to conduct electronic voting, deliver member benefits—including e-*JAPA*—and perform other administrative tasks.*