



P.O. Box 30438 • Bethesda, MD 20824-0438  
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# COMMERCIAL USER MEMBERSHIP APPLICATION

## CONTACT INFORMATION

Company Name \_\_\_\_\_  
Primary Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Website \_\_\_\_\_

Year company established \_\_\_\_\_  
Additional Contact \_\_\_\_\_  
E-mail \_\_\_\_\_  
Additional Contact \_\_\_\_\_  
E-mail \_\_\_\_\_  
Additional Contact \_\_\_\_\_  
E-mail \_\_\_\_\_

## DUES STRUCTURE

### FOREIGN MEMBER

- | Dues                             | Annual Number of Pyrotechnic Productions |
|----------------------------------|--|
| <input type="checkbox"/> \$1,000 | 1- 60 Productions                        |
| <input type="checkbox"/> \$1,500 | 61 – 120 Productions                     |
| <input type="checkbox"/> \$2,500 | 121 – 180 Productions                    |
| <input type="checkbox"/> \$5,000 | 181 – 360 Productions                    |
| <input type="checkbox"/> \$7,500 | 361 or more Productions                  |

**Commercial User Member** dues are based on the number of pyrotechnic productions conducted on an annual basis.

## TRADE REFERENCES

Please list three APA member companies who are familiar with your business and can verify the statements made in this application. If you cannot provide three references, please contact the APA for assistance.

	Company Name / Name of Contact
1	_____ / _____
2	_____ / _____
3	_____ / _____

## NATURE OF BUSINESS

(Please indicate the company's primary nature of business)

(check all that apply)

Amusement/Theme Park \_\_\_\_\_  
Theatrical Production \_\_\_\_\_  
Other \_\_\_\_\_ Specify \_\_\_\_\_

## PAYMENT INFORMATION

Card Holders Name \_\_\_\_\_  
CC # \_\_\_\_\_  
Exp Date \_\_\_\_\_

Check Enclosed    Credit Card:    MC    VISA    AMEX

**Total enclosed/to be charged \$ \_\_\_\_\_**