



P.O. Box 30438 • Bethesda, MD 20824-0438
 Phone (301) 907-8181 • Fax (301) 907-9148

FULL MEMBERSHIP APPLICATION

Page 1

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

FULL MEMBER

Dues	Annual Sales
<input type="checkbox"/> \$1,300	\$0-250,000
<input type="checkbox"/> \$2,000	\$250,001-750,000
<input type="checkbox"/> \$3,500	\$750,001-3,000,000
<input type="checkbox"/> \$6,600	\$3,000,001-5,000,000
<input type="checkbox"/> \$8,300	Above \$5,000,001

Full Member dues are based on gross sales for the previous year. Please have your accountant sign the attached verification form and return it along with your dues payment.

* An estimated 6.25% of your dues are non-deductible as a result of APA lobbying activity.

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. Full member applicants must provide 3 references from a fireworks display or retail company that is currently an APA member.

Company Name / Name of Contact

- 1 _____ / _____
- 2 _____ / _____
- 3 _____ / _____

NATURE OF BUSINESS

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

Please use the following definitions when completing this section

Manufacturer Manufactures fireworks or other pyrotechnic devices.

Distributor Sells fireworks to wholesalers (jobbers) and retailers for resale.

Wholesaler (Jobber) Sells fireworks to retailers for resale to consumers.

Retailer Sells consumer fireworks to the public or fireworks displays to users. (retail stands, tents, fireworks stores)

Display Firm Provides public displays, or sells fireworks displays to customers.

Please indicate the approximate percentage of your fireworks business that falls into the following categories:

Products

	Consumer Fireworks	Display Fireworks	Other (specify)
Manufacturer			
Distributor			
Wholesale			
Retail			
Display			

Please insert the approximate percentages of your purchases from the following supplier categories:

American Manufacturer _____ %
 Other Manufacturer _____ %
 American Distributor _____ %

PAYMENT INFORMATION

Card Holders Name _____
 CC # _____
 Exp Date _____

Check Enclosed
 Credit Card:
 MC
 VISA
 AMEX

Total enclosed/to be charged \$ _____



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MEMBERSHIP APPLICATION

FIREWORKS SALES VERIFICATION FORM

(Must be completed for all Applicants and Full Member Renewals)

COMPANY NAME _____

I hereby authorize my CPA or other Accountant to provide the following information with respect to my existing membership or my application of membership in the American Pyrotechnics Association. I understand that this information is confidential and is not to be disclosed without my express consent.

 Printed Name of Authorizing Individual

 Signature Title Date

ACCOUNTANT CERTIFICATION

This is to certify that the American Pyrotechnics Association member or applicant for membership named above, should fall into the following category, based upon the gross annual sales of fireworks for that company including any subsidiary companies engaged in the business of fireworks or fireworks related activities.

Annual Fireworks Sales (Including fireworks, toy smoke devices, sparklers and trick noise makers.)	Preparer's Initials
\$0 - \$250,000	
\$250,001 - \$750,000	
\$750,001 - \$3,000,000	
\$3,000,001 - \$5,000,000	
Above \$5,000,001	

 Printed Name

 Name of Firm

 Signature Title Date