

# West Virginia APPA **Institutional**

## Membership Application

APPA membership year runs from April 1<sup>st</sup> through March 31<sup>st</sup>. Institutional Membership is \$100 per year.

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

### **Primary Representative**

Individual's Name/Title: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Phone/Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Additional Associates**

**No limit on the number of associates. Attach separate sheet, if necessary.**

Individual's Name/Title: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Individual's Name/Title: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Individual's Name/Title: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Individual's Name/Title: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Individual's Name/Title: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Individual's Name/Title: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Check should be made payable to **WVAPPA**. Return check and application to:**

Cathleen Salmons, Treasurer,  
c/o University of Charleston  
2300 MacCorkle Avenue SE  
Charleston, WV 25304

**Any questions contact - [cathleensalmons@ucwv.edu](mailto:cathleensalmons@ucwv.edu) or 304.357.4921**