

PAYROLL PROFESSIONALS OF KENTUCKIANA

An autonomous and independent chapter of the PayrollOrg

2024-2025 ANNUAL MEMBERSHIP FORM / DUES

INVOICE DUES PERIOD: 11/01/24 - 10/31/25

YOUR NAME _____

YOUR TITLE _____

BIRTHDAY (MO/DAY) _____

Are you...

FPC CERTIFIED **YES / NO** Year certified _____

CPP CERTIFIED **YES / NO** Year certified _____

PAYO MEMBER* **YES / NO** If yes, number _____

COMPANY NAME _____

COMPANY ADDRESS _____

CITY, STATE & ZIP _____

WORK PHONE # WORK () ext. _____

FAX # () _____

WORK E-MAIL ADDRESS _____

PAYROLL SYSTEM _____

H/R SYSTEM _____

FINANCIAL SYSTEM _____

* *Effective Jan 2015, 51% of PPK members must be National members. Access the PayrollOrg website for membership information. <http://www.payroll.org/>*

Your Initials

I give my consent to PPK to include the information I have provided above, and any changes of said information provided by me throughout the year, in a directory that will be disbursed and available to PPK membership only

Annual dues are \$125 per year for non-PAYO members, \$75 per year for PAYO members, due by November 30th. Dues paid after November 30 are \$135 for non-PAYO member, \$85 for PAYO members.. Dues for any new member joining after May 1st will be a fee of \$63 for non-PAYO members and \$38 for PAYO members. For list of officers and contact information please visit our website at www.ppklou.org

**More details available in the Chapter Information on our website*

PLEASE MAKE CHECK PAYABLE TO: **PAYROLL PROFESSIONALS OF KENTUCKIANA**

MAIL TO: **P.O. BOX 37171 / LOUISVILLE, KY 40233-7171**

Please mail 10 business days prior to your first meeting to ensure ample time for receiving & processing.

PayrollOrg assumes no responsibility or liability in connection with the activities of its affiliated chapters

For use by PPK Treasurer Only

Notes

Date payment received: ____/____/____

Receipt requested: **YES / NO**

Date receipt issued: ____/____/____

Roster updated: **YES / NO**

By: _____