

PAYROLL PROFESSIONALS OF KENTUCKIANA

An autonomous and independent chapter of the American Payroll Association

2017 ANNUAL MEMBERSHIP FORM / DUES

INVOICE DUES PERIOD: 01/01/17 - 12/31/17

YOUR NAME _____

YOUR TITLE _____

BIRTHDAY (MO/DAY) _____

Are you...

FPC CERTIFIED YES / NO Year certified _____

CPP CERTIFIED YES / NO Year certified _____

APA 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 APA website for membership information. <http://www.americanpayroll.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 \$100 per year, due by January 31st. Dues for any new member joining after July 1st will be a fee of \$50* For list of officers and contact information please visit our website at www.ppklo.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. Or you can bring this completed form along with your payment to your first meeting.

The American Payroll Association 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: _____