

PAYROLL PROFESSIONALS OF KENTUCKIANA

An autonomous and independent chapter of the American Payroll Association
2020 ANNUAL MEMBERSHIP FORM / DUES

INVOICE DUES PERIOD: 01/01/20 - 12/31/20

YOUR NAME _____	COMPANY NAME _____
YOUR TITLE _____	COMPANY ADDRESS _____
BIRTHDAY (MO/DAY) _____	CITY, STATE & ZIP _____
Are you...	WORK PHONE # WORK () _____ ext.
FPC CERTIFIED YES / NO Year certified	FAX # () _____
CPP CERTIFIED YES / NO Year certified	WORK _____ E-MAIL _____ ADDRESS _____
APA MEMBER* YES / NO If yes, number _____	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/>

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

Annual dues are \$110 per year, due by January 31st. Dues paid after February 16 are \$120. Dues for any new member joining after July 1st will be a fee of \$55* 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. 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: _____