



AMERICAN PUBLIC GAS ASSOCIATION

201 Massachusetts Avenue NE, Suite C-4 | Washington, DC 20002 | (202) 464-2742 | (202) 464-0246 (fax)

Application for Associate Membership

The undersigned organization applies for membership in the **AMERICAN PUBLIC GAS ASSOCIATION**, and upon acceptance shall be entitled to the benefits of membership as outlined on our website at www.apga.org/aboutus/memberbenefits

Organization Name: _____
Mailing Address: _____
City/State/Zip: _____
Web Site URL: _____
Main Phone: _____
Product or Service Provided to Public Gas Systems: _____

MAIN CONTACT:

Name & Title: _____
E-mail Address: _____
Address (if different): _____
Phone (if different): _____

ADDITIONAL CONTACT (Please list additional contacts separately or provide by email):

Name & Title: _____
E-mail Address: _____
Address (if different): _____
Phone (if different): _____

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- ☐ Check is enclosed payable to: American Public Gas Association or APGA.
☐ Please charge the following credit card: ☐ MasterCard ☐ Visa ☐ Amex

Card Number: _____ Exp. Date: _____
3-digit Security Code for MC & Visa/4-digit Security Code for Amex: _____
Name on Card: _____
Billing Address (please include zip code): _____

Associate member dues are \$825 for the 2023 calendar year and will be prorated as follows:

January 1 – March 31: \$825

July 1 – September 30: \$412.50 (50%)

April 1 – June 30: \$618.75 (75%)

October 1 – December 31: Dues for 2024 (\$975)

Membership will begin as soon as payment is received.

Please return your completed application to Sheila Deringis at sderingis@apga.org.