



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**, agrees to abide by the terms and provisions of the Articles of Incorporation and Bylaws of the Association, and upon acceptance shall be entitled to the services of the Association as therein provided.

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 all additional contacts separately or provide by email):

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

- 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 2021 calendar year and will be prorated quarterly.
Membership will begin as soon as payment is received.**

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