



# AMERICAN PUBLIC GAS ASSOCIATION

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

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## 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): \_\_\_\_\_

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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 2020 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](mailto:sderingis@apga.org).*