



Upstate SC Chapter of the American Payroll Association Membership Application

PO Box 1681, Greenville SC 29602

info@UpstateSCAPA.org

New Member: \$50.00

Renewal Member: \$50.00

(make checks payable to: Upstate SC APA)

Name: _____

Company: _____

Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Are you a Certified Payroll Professional (CPP)? Yes No

Do you have the Fundamental Payroll Certification (FPC)? Yes No

Are you a member of the National American Payroll Association (APA)? Yes No

If so, please provide your APA ID #: _____

What type of payroll software are you currently using? _____

What frequency of pay are you currently processing? _____

Are you interested in serving on any of the following committees?

Communication

Education

Member Services