

## APDU Membership Application

**Indicate under which category your organization should be listed:**

Education     Government     Private Sector     Non-Profit     Other \_\_\_\_\_

**Field of public data interest (check all that apply):**

Health     Census     Housing     Education     Income, Prices     Employment  
 Justice     Energy     Population     Environment     Veterans  
 Other \_\_\_\_\_

**Membership Fees (due annually):**

- \$995 Premium: up to 25 representatives, with full member access and premium benefits.
- \$700 Organizational: 4-6 representatives, with full member access.
- \$375 Organizational: 1-3 representatives, with full member access.
- \$200 Individual: 1 representative, no organizational affiliation, with full member access

*Virtual memberships:*

- \$75 Affiliate\*: no organizational affiliation, access to member area, attend one webinar free
- \$25 Student\* (requires active student ID): no organizational affiliation, access to member area, attend one webinar free

\* - Affiliate and student members must pay non-member price for webinars, training, and meetings.

**Form of Payment**

The registration fee may be paid by check (payable to APDU) or VISA/MasterCard.

- Check
- VISA/Master Card/American Express/Discover

Name on Card: \_\_\_\_\_

Address to which card bill is sent: \_\_\_\_\_

Email address for receipt: \_\_\_\_\_

Phone number: \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration date \_\_\_\_/\_\_\_\_

Security code on reverse side of card: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax the completed form to Tom Minor at 703-504-2875. You may include credit card information on the fax. Please do not email credit card info.**

**Please mail checks to:  
 Association of Public Data Users, P.O. Box 12546, Arlington, VA 22209, Attn: Tom Minor**

*If you have any questions, please email [info@apdu.org](mailto:info@apdu.org) or call Brendan Buff at 703-504-2871.*

**Primary Representative** (point of contact):

1. Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Street/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Additional Representative(s) [organizational members only]**

2. Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Street/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Street/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

*Attach a separate sheet for additional representatives, or submit electronically through a spreadsheet, delivering these fields for each contact:*

*Name*

*Job Title*

*Company*

*Address*

*City, State, Zip*

*Phone*

*Email*