

PAYROLL PROFESSIONALS OF KENTUCKIANA

An autonomous and independent chapter of the American Payroll Association
2022-2023 ANNUAL MEMBERSHIP FORM / DUES

INVOICE DUES PERIOD: 11/01/22 - 10/31/23

YOUR NAME _____	COMPANY NAME _____
YOUR TITLE _____	COMPANY ADDRESS _____
BIRTHDAY (MO/DAY) _____	CITY, STATE & ZIP _____
Are you...	WORK PHONE # WORK () ext. _____
FPC CERTIFIED YES / NO Year certified	FAX # () _____
CPP CERTIFIED YES / NO Year certified	WORK EMAIL ADDRESS _____
APA MEMBER* YES / NO If yes, number _____	PAYROLL SYSTEM _____
	H/R SYSTEM _____
	FINANCIAL SYSTEM _____

* Effective Jan 2015, 51% of PPK members must be National members. Access the APA website for membership information. <http://www.americanpayroll.org/>

_____ I give my consent to PPK to include the information I have provided above, and any changes of said information
Your Initials provided by me throughout the year, in a directory that will be disbursed and available to PPK membership only

Annual dues are \$125 per year for non-APA members, \$75 per year for APA members, due by November 30th. Dues paid after November 30 are \$135 for non-APA member, \$85 for APA members. Dues for any new member joining after May 1st will be a fee of \$65 for non-APA members and \$40 for APA members. For list of officers and contact information please visit our website at www.ppklou.org

**More details available in the Chapter Information on our website*

PLEASE MAKE CHECK PAYABLE TO: **PAYROLL PROFESSIONALS OF KENTUCKIANA**

MAIL TO: **P.O. BOX 37171 / LOUISVILLE, KY 40233-7171**

Please mail 10 business days prior to your first meeting to ensure ample time for receiving & processing.

The American Payroll Association assumes no responsibility or liability in connection with the activities of its affiliated chapters

For use by PPK Treasurer Only	Notes
Date payment received: _____/_____/_____	_____
Receipt requested: YES / NO	_____
Date receipt issued: _____/_____/_____	_____
Roster updated: YES / NO	_____
	By: _____