



APDU Membership Application

_____ hereby applies for membership in the Association of Public Data Users and designates the person(s) listed below as its representative(s).

Indicate under which category your organization should be listed:

Academic Government Private Sector Non-Profit Other_____

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

Agriculture 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. (4+ activates \$700 organizational level)
- \$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: active student ID, no organizational affiliation, access to member area, attend one webinar free

Form of Payment

The registration fee may be paid by check (payable to APDU), VISA/MasterCard, or purchase order for invoicing. Please note that there will be a \$7 processing fee for credit card transactions.

___ Check

___ Purchase order (PO # _____)

___ VISA/Master Card

Name on Card _____

Address to which card bill is sent: _____

Card Number _____

Expiration date ____/____

Security code on reverse side of card: _____

Signature _____ Date: _____

Please fax the completed form to Spencer Abrams at 480-393-5098. You may include credit card information and/or the purchase order number on the fax. No cover sheet is required. Please do not email credit card info.

Please mail checks to:

Association of Public Data Users, P.O. Box 100155, Arlington, VA 22210, Attn: Spencer Abrams

If you have any questions, please email info@apdu.org or call Brendan Buff at 703-522-4980 ext.1020.

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

Primary Representative (point of contact for administrative records):

Name _____ Title _____

Department _____

Street/Suite _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-Mail _____

Additional Representative(s) [organizational members only]

2. Name _____ Title _____

Department _____

Street/Suite _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-Mail _____

3. Name _____ Title _____

Department _____

Street/Suite _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-Mail _____

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

Name

Job Title

Department

Address

City

State

Zip

Phone

Fax

Email