



Membership Application

Thank you for your interest in joining the Association of Professional Merger & Acquisition Advisors. We are a member driven organization and with the support and participation of valued members, like your self, we could not exist. We are always working on behalf of our members and look forward to building a mutually beneficial relationship with you.

Section I: Member Information

Please provide information as you would like it to appear in the directory.

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State, Zip: _____

Phone: _____

E-mail: _____

Website: _____

Section II: Membership Agreement

By signing this application, you affirm that all information submitted is correct and that you have read and agree to the Code of Ethics, Membership Rules, Disclaimer of Liability and Terms and Conditions of use found on the APMAA web site (www.apmaa.com).

Signature: _____

Date: _____

Section III: Contact

You may mail your application to:
APMAA
2360 Irish Lane, Suite #48
Clearwater, FL 33763

OR Fax your application to:
727-489-9491

E-mail application to:
information@apmaa.com

Section VI: Payment Type

Annual membership is \$175 U.S. dollars.

Check – Check Enclosed

Credit Card – Please pay on-line at www.apmaa.com. Click “join now” and proceed directly to pay on-line at the bottom of the application; no need to fill out membership application information on-line.

If you have any questions:

- Email us at information@apmaa.com or
- Call us at 1-727-683-9890