



# 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: Membership Type**

- Professional Member** \$150 annual  
Member derives majority of their income from representing clients in transactions involving the purchase and/or sale of businesses. This category is for business brokers, business intermediaries, and business advisors.
- Corporate Member** \$175 annual dues  
Member is involved in merger & acquisition work for public or private companies, private equity groups, investment banking, and or venture capital.
- Associate Member** \$200 dues  
Associate Members generate income from providing services to Professional & Corporate Members; such as accountants, attorneys, valuation analysts, lenders etc. This category also includes, service companies, vendors or other organizations interested in providing products or services to APMAA members and their clients.
- Student Member** \$35 annual dues  
Full or part-time student's interested in learning more about the merger & acquisition industry. Applicants must provide proof of student status to apply.

## **Section II: 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 III: Other Information**

Professional Members Only:

1. Attach or e-mail a brief personal/company bio that you would like to appear in the Public Member Directory.
2. E-mail a jpeg or gif personal photo if you would like it to appear on the web-site.
3. Direct e-mail to: [information@apmaa.com](mailto:information@apmaa.com)

### **Section IV: 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](http://www.apmaa.com)).

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

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

### **Section V: 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](mailto:information@apmaa.com)

### **Section VI: Payment Type**

**Check** – Check Enclosed

**Credit Card** – Please pay on-line at [www.apmaa.com](http://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](mailto:information@apmaa.com) or
- Call us at 1-727-683-9890