



Membership Application

Name: _____
Address: _____

Phone: _____
FAX: _____
Email: _____

Enclosed is my check for:

Individual Membership:

_____ Individual @ \$100
_____ Retired Individual (Requires letter from department chair) @ \$25
_____ Post Doc / Tech Support @ \$50
_____ Student @ \$25

_____ Institutional Membership @ \$100

Sustaining Membership:

_____ Silver Level @ \$300
_____ Gold Level @ \$500
_____ Platinum Level @ \$1,000

TOTAL AMOUNT ENCLOSED: \$ _____

Please have check drawn on a U.S. bank. Make payable to APRES and mail to:

APRES
PO Box 613
Perkins, OK 74059