

Application for Membership to LAPA

<i>Name of Applicant</i>	<i>Title</i>
<i>Company Name</i>	
<i>Company Address including Zip Code</i>	
<i>Company Phone Number</i>	<i>Company Fax Number</i>
<i>Total Number of Employees</i>	<i>E-Mail Address</i>
<i>Company Product or Business</i>	
<i>Name/Title of Supervisor</i>	
<i>Please give a brief description of your functional responsibilities and what you hope to achieve professionally and personally by being a member of LAPA:</i>	
<i>Applicant's Signature</i>	<i>Are you a member of SHRM?</i>

<i>Recommended by the Membership Committee?</i>	YES	NO	<i>Comments:</i>
<i>Membership Committee Chairman's Signature</i>			