



Amalgamated Printers' Association

...AN ORGANIZATION COMPOSED OF LETTERPRESS PRINTING ENTHUSIASTS

MEMBERSHIP APPLICATION

Fill in the application blank below. Mail it AND a sample of your letterpress printing to the APA Secretary/Treasurer listed below. **DO NOT** send in dues at this time. When there is an opening in membership, you will be notified and at that time you may remit your annual dues.

Name _____

Address _____

City _____ State _____ Zip Code _____

Province/Country _____ Postal Code _____

Phone _____ E-mail _____

Occupation _____

Press Name _____

Date Founded _____ Years Printing Experience _____

Main Press Used _____

Other Hobbies _____

How Did You Hear About the Amalgamated Printers' Association? _____

If you were previously a member of the APA, Please enter your original membership number here
so we can reactivate your membership number: _____

Signature _____ Date _____

Mail this application form and a sample of your letterpress printing to the APA Secretary:

APA Membership Application
Katie T. Roeck, Secretary/Treasurer
847 W. Webster Ave.
Chicago, IL 60614-3615