



APS Affiliate #260

(Women Exhibitors)

Supported by AAPE

Application Form

DUES: \$5.00 a year for ____ years + \$ ____ WE donation = \$ ____ total included WE Button

Name: _____ Today's Date _____

E-mail address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

APS Member ____ Yes ____ No AAPE Member ____ Yes ____ No

Collecting Interests: _____

Return to **Carol Edholm, 4404 – 224th Place SW; Mountlake Terrace, WA 98043-4150**
WomenExhibitors@gmail.com <http://www.aape.org/weweb.asp> **Paypal** (send as Family/Friends payment)



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