



Acadiana Plumbers Association

204 S. Long St., Lafayette, LA 70506

337-230-6891

Registered Apprentice Program for Plumbing

REGISTRATION FORM

NAME _____
LAST FIRST MIDDLE INITIAL

MAILING ADDRESS _____
STREET

CITY STATE ZIP CODE

EMAIL ADDRESS _____

TELEPHONE NUMBER _____
HOME CELL

NAME OF SCHOOL ATTENDED _____

SCHOOL RECORD: _____ GRADUATED _____ WILL GRADUATE _____ GED

DATE OF GRADUATION/GED _____/_____/_____

SOCIAL SECURITY NUMBER _____ - _____ - _____

WILL YOUR TUITION BE SPONSORED BY YOUR EMPLOYER OR SELF?

EMPLOYER _____ SELF _____

IF EMPLOYER, WHAT IS THE NAME OF THE COMPANY? _____

PAST PLUMBING EXPERIENCE

COMPANY _____ DATES ____/____/____ TO ____/____/____

COMPANY _____ DATES ____/____/____ TO ____/____/____

COMPANY _____ DATES ____/____/____ TO ____/____/____

PAST PLUMBING REFERENCE

NAME	ADDRESS	CONTACT #

TUITION COST PER SEMESTER:

\$700 FOR APA MEMBERS

\$900 FOR NON-MEMBERS

I hereby apply for enrollment at Acadiana Plumbers Association Apprentice Program. If I am accepted, I agree to comply with the rules and regulations of the school and concede to the school the right to require my withdrawal upon violation thereof. I understand that misrepresentation of information on the application and in any subsequent interviews with school personnel, any constitute adequate reason for disqualification of applicant or enrolled student. I understand that the information on this form is CONFIDENTIAL and will only be used for official school business.

Signature of Applicant

_____/_____/_____
Date

OFFICE USE ONLY:

APPLICATION FEE RECEIVED DATE ____/____/____

METHOD OF PAYMENT _____

AMOUNT RECEIVED _____