



Member Invoice

Membership Renewal Invoice

DUES 2017

INSTRUCTIONS:

- 1. FILL IN THE INFORMATION BELOW
- 2. MAIL OR FAX WITH PAYMENT TO:
 CPPA - PO BOX 6822 VIRGINIA BEACH, VA 23456
 FAX 877.572.8891

MEMBER COMPANY _____

CONTACT NAME _____

EMAIL _____

PHONE _____

SELECT MEMBERSHIP LEVEL		ANNUAL COST	
_____	DISTRIBUTOR MEMBER (1-10 EMPLOYEES)	\$125	
_____	DISTRIBUTOR MEMBER (11+ EMPLOYEES)	\$150	
_____	SUPPLIER MEMBER (1-10 EMPLOYEES)	\$125	
_____	MULTI-LINE MEMBER (1-10 EMPLOYEES)	\$125	
_____	BUSINESS SERVICES MEMBER (1-10 EMPLOYEES)	\$125	

OPTION 1: PAY BY CHECK

PAYABLE TO: CPPA

MAIL TO: CPPA PO BOX 6822 VIRGINIA BEACH< VA 23456

OPTION 2: PAY VIA CC - FAX OR MAIL FAX 877.572.8891

CARD NUMBER _____ EXP DATE _____

CVC CODE _____ CARD HOLDER NAME _____

BILLING ADDRESS _____

PHONE _____

WOULD YOU LIKE TO ENABLE RECURRING BILLING? YES _____ NO _____

Thank you for your continued support!