



# Member Application

**INSTRUCTIONS:**

1. FILL IN THE INFORMATION BELOW
2. MAIL OR FAX WITH PAYMENT TO:  
 CPPA - 2905 SOUTH KETTERMAN ROAD, OAK GROVE, MO 64075  
 FAX 877.572.8891
3. ALL MEMBERSHIPS RENEW JAN 1 EACH YEAR
4. YOU WILL RECEIVE AND EMAIL RECEIPT AND LOG-IN INSTRUCTIONS TO BE SURE YOUR ACCOUNT LISTING IS COMPLETE

MEMBER COMPANY \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_ PPAI # \_\_\_\_\_ ASI # \_\_\_\_\_ UPIC \_\_\_\_\_ SAGE \_\_\_\_\_

LINES CARRIED: \_\_\_\_\_

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 2905 SOUTH KETTERMAN ROAD, OAK GROVE, MO 64075

**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 \_\_\_\_\_