



# Member Invoice

Membership Renewal Invoice

DUES 2019

**INSTRUCTIONS:**

1. FILL IN THE INFORMATION BELOW

2. MAIL OR FAX WITH PAYMENT TO:

CPPA - 2905 SOUTH KETTERMAN RD, OAK GROVE, MO 64075

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 2905 SOUTH KETTERMAN RD, 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 \_\_\_\_\_

*Thank you for your continued support!*