

Member Application

INSTRUCTIONS:

- 1. FILL IN THE INFORMATION BELOW
- 2. MAIL WITH PAYMENT TO:

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

OR EMAIL TO TIFFANY@CPPA.BIZ

3. ALL MEMBERSHIPS RENEW JAN 1 EACH YEAR

BILLING ADDRESS _____

4. YOU WILL RECEIVE AND EMAIL RECEIPT AND LOG-IN INSTRUCTIONS TO BE SURE YOUR ACCOUNT LISTING IS COMPLETE

MEMBER COMPANY						
CONTACT NAME						
EMAIL	IIL PHONE					_
ADDRESS _	ADDRESS		STATE		ZIP	
WEB ADDRES	SS	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 - MAILTO ABOVE ADDRESS OR EMAIL TO TIFFANY@CPPA.BIZ						
CARD	CARD NUMEBEREXP DATE					

CVC CODE____CARD HOLDER NAME _____

WOULD YOU LIKE TO ENABLE RECURRING BILLING? YES_____ NO _____