



Membership Application

Name: _____

Trade Name: _____

Address: _____

Phone: _____

****Email:** _____

Store Contact Name: _____

Credit Card #: _____ Exp. Date: _____

Please circle one: Credit card or Check

\$350 per year

Make checks payable to: "CPSA"

Mail Application and payment information to:

Connecticut Package Stores Association

700 Plaza Middlesex

Middletown, CT 06457

Please check one:

New Member: _____ Renewing Member: _____

Thank you for your support.