

CPSA MEMBERSHIP INVOICE 2019

CPSA MEMBER INFORMATION

** This information will NEVER be shared or distributed without the applicant's prior consent. Information will be used only for a small number of communications throughout the year. Members may opt out of automatic communications at any time by contacting our office. Mobile phone numbers will be used for billing issues only, if CPSA is unable to make contact through the business line first. Mobile phone numbers are not required. Thank you!

Owner/Manager Name:		<input type="checkbox"/> Renewing Member (Last Membership Year: _____)
		<input type="checkbox"/> New Member (Please check one)
Phone:	Email:	
Preferred Mailing Address:		
City:	State:	ZIP Code:
<input type="checkbox"/> Owner <input type="checkbox"/> Manager (Please check one)	<input type="checkbox"/> Package Store Membership: \$400.00 <input type="checkbox"/> Associate Membership: \$1000.00 (Please check one)	

BUSINESS INFORMATION

Name of Business:		
Business Address: (Leave empty if same as Preferred Mailing)		
City:	State:	ZIP Code:
Business Phone:	Fax:	Other:

PAYMENT INFORMATION

To pay ONLINE via Credit Card, visit CTPSA.COM/FORM-BILLING-CPSA/ or call 860-346-7978	Check <input type="checkbox"/> Check #:
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67% of dues are tax deductible. Checks can be made out to "CPSA" – Please include "2019 Member Dues" in the memo & provide a phone number on the check.

Mail to: CPSA, 700 PLAZA MIDDLESEX, MIDDLETOWN, CT 06457

Once payment is received, members will be mailed the 2019 CPSA Membership Decal, which can be displayed in your store window or anywhere you choose!

**THANK YOU. YOUR MEMBERSHIP IS WHAT KEEPS
THE CT PACKAGE STORES ASSOCIATION STRONG.**