



**No ONE OF US...
...IS AS STRONG AS ALL OF US!**

CPSA MEMBERSHIP INVOICE 2023

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. Mobile phone numbers are not required. Thank you!

Owner/Manager Name:	<input type="checkbox"/> Renewing Member <input type="checkbox"/> New Member <i>(Please check one)</i>
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Primary/Cell Phone:	Email:
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Preferred Mailing Address:

City:	State:	ZIP Code:
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<input type="checkbox"/> Owner <input type="checkbox"/> Manager <i>(Please check one)</i>	<p><u>Package Store Membership</u></p> <input type="checkbox"/> Tier 1: 10+ full & part time employees \$500.00 x #of stores _____ = \$ _____ <input type="checkbox"/> Tier 2: 5-9 full & part time employees \$400.00 x #of stores _____ = \$ _____ <input type="checkbox"/> Tier 3: < 5 full & part time employees \$300.00 x #of stores _____ = \$ _____ <i>(Please check one and use the back of this form to list additional stores)</i>	<input type="checkbox"/> Associate Membership: \$1000.00 <input type="checkbox"/> Legislative Appeal: \$ _____
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BUSINESS INFORMATION

Name of Business:

Business Address:
(Leave empty if same as Preferred Mailing)

City:	State:	ZIP Code:
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Business Phone:	Fax:	Other:
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PAYMENT INFORMATION

To pay via Credit Card, visit WWW.CTPSA.COM 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 "2023 Member Dues" in the memo & provide a phone number on the check

Once payment is received, members will be mailed the 2023 CPSA Membership Decal, which can be displayed in your store window or anywhere you choose!

**THANK YOU. YOUR MEMBERSHIP IS WHAT KEEPS OUR
ASSOCIATION STRONG.**

**PLEASE COMPLETE AND MAIL TO:
CPSA, 455 BOSTON POST RD, STE. 203 B, OLD SAYBROOK, CT 06475**



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ADDITIONAL BUSINESS INFORMATION		
Name of Business:		
Business		
City:	State:	ZIP Code:
Business Phone:	Fax:	Other:
Name of Business:		
Business		
City:	State:	ZIP Code:
Business Phone:	Fax:	Other:
Name of Business:		
Business		
City:	State:	ZIP Code:
Business Phone:	Fax:	Other:
Name of Business:		
Business		
City:	State:	ZIP Code:
Business Phone:	Fax:	Other:

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