2027 CPSA MEMBERSHIP FORM

Complete the form below and return it to the address provided below
or visit ctpsa.com/join-cpsa to join or renew membership to CPSA

MEMBERSHIP DUES: $400

Member Information

Name :

Name of Business :

Mailing Address :

City : State : ZIP Code :

Business Phone : Cell Phone *(optional)* :

E-Mail :

Store Address, If different from mailing address :

CPSA Membership

Payment Method
Check/CC/Online :

I am interested in participating on the CPSA Board or a Committee Meeting

Legislative Appeal

CPSA has learned there will be **another attempt to push the sale of wine in grocery stores** based on a **huge out-of-state chain that recently opened its first store in CT**. We also anticipate **changes to the grocery-beer permits** and the need to **keep package stores as viable sellers**.

Please consider making a donation with your membership.

Please select or write in your donation amount: ☐ $50 ☐ $100 ☐ $200 ☐ $_____

FORM TOTAL (membership + legislative appeal)**: $**

PLEASE FILL FORM AND MAIL WITH PAYMENT TO:
CPSA
455 BOSTON POST RD, STE 203B, OLD SAYBROOK, CT 06475

OR REGISTER ONLINE AT
CTPSA.COM/FORM-BILLING-CPSA
OR BY SCANNING THIS QR CODE:

PLEASE NOTE THAT 40% OF DUES MAY BE TAX DEDUCTIBLE, CONSULT YOUR TAX ADVISOR