

Membership Form

Annual Starts November 1 until October 31
(Applicable year-round without proration)

- New Member
- Renewal
- Rejoin *(after Lapse in Membership)*
- Update Info

1. FILL OUT FORM - PRINT CLEARLY

Enter information exactly as you wish it to appear in the CPSA119 Member's Directory

If you do not wish certain information to be published in our local directory published, check this box  following those fields

<input type="text"/>			<input type="text"/>			<input type="text"/>			
Last Name			First Name			Middle Name or Initial <i>(Optional)</i>			
<input type="text"/>									
Street Address									
<input type="text"/>			<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
City			State	Zip Code	+4 (Zip)	Month	Day	<input type="text"/>	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>					
Primary Phone				Email					
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>					
Cell Phone				Personal Art Website <i>(if applicable)</i>			Link will be posted CPSA.org website		<input type="text"/>
<input type="text"/>				<input type="text"/>	/	/	<input type="checkbox"/> YES!	I have Paid my National CPSA Membership Dues	
Associate's Name <i>(First & Last)</i>				Today's Date					
<input type="text"/>									
How did you hear about our Chapter?									

2. Payment

Check or money order in the amount of \$15 made payable to CPSA119

3. Mail

Completed form and payment to:
Debie Plumb
18564 Running Deer Lane
Greendale, IN 47025

Thank You for Joining DC 119

We look forward to seeing you

Director Use

Member ID

Date Received

Payment Type

Confirmation Sent