

2010 CAPPs ALLIED MEMBERSHIP APPLICATION



Company: _____

Primary Contact Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

Please attach a brief description of your company or e-mail to info@cappsonline.org. This description will be made available in a searchable online database used by our Member Schools - ensure that our Members will be able to find your company and utilize your valuable services.

Go to our website at www.cappsonline.org/memberdirectory.shtml to view your current entry.

2010 Allied Member Dues \$ 500

Check Enclosed

Visa/MasterCard AmEx

_____ Expiration Date: _____

Print Name on Card: _____

Signature of Cardholder: _____

Please note that dues are based on a calendar year regardless of when payment is received. The primary contact will be listed on our website as the primary contact person for your company and will be the recipient of all information sent out by CAPPs including: Workshop notices, Annual Conference information, and CAPPs Member Updates (fax or e-mail updates from CAPPs). If you would like to have any other individuals at your company receive mailings and Member Updates please indicate "Secondary Contacts" on a separate sheet of paper, providing complete contact information for each person.

PLEASE RETURN TO:

400 CAPITOL MALL, SUITE 1560
SACRAMENTO, CA 95814

FAX TO: 916-440-8970

EMAIL TO: INFO@CAPPSONLINE.ORG

CALL 916-447-5500 WITH ANY QUESTIONS.