



## Membership Application

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ PSA: \_\_\_\_\_

Leg District: \_\_\_\_\_

**Annual dues** are based on the dollar amount of CCP services delivered:

\$500,000 & under	<b>\$337.50</b>
\$500,000 - \$1,000,000	<b>\$675.00</b>
\$1,000,000 - \$2,500,000	<b>\$1,312.50</b>
\$2,500,001 - \$4,000,000	<b>\$2,100.00</b>
\$4,000,001 - \$8,000,000	<b>\$3,300.00</b>
\$8,000,001 - \$15,000,000	<b>\$6,000.00</b>
\$15,000,001 & over	<b>\$7,500.00</b>

***Dues are based on units billed  
for the period  
July 1<sup>st</sup> through June 30th.***

**Total Dues payment: \$** \_\_\_\_\_

Check enclosed payable to IACCPHP

Charge my:  MasterCard  Visa

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVV# (3 digit number on backside of card) \_\_\_\_\_

Name as is appears on card (Please Print) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_