



THE COUNCIL OF PRIVATE COLLEGES OF AMERICA

www.cPCA-edu.us

Email: info@cPCA-edu.us

CPCA 701 PAYMENT AUTHORIZATION

Institution Name: _____ Date: _____

	Amount
1. Annual Membership Fee based on _____ headcount	_____
2. Annual Certification Fee based on _____ headcount	_____
3. Payment due October 1, with \$50.00 late fee charged if payment received after Oct. 10	_____
4. CPCA Christian Education Conference fee	_____

Quantity	Description	Back ordered
5. _____	_____	_____
6. _____	_____	_____

Total: _____

PAYMENT METHOD

CREDIT CARD:

- Corporate Card Personal Card
- Credit Debit
- VISA Master Discover American Express

Name on Card: _____

Billing Address on card: _____

_____ Phone _____

Card Number: _____ Exp. Date: _____ CV Code _____

SIGNATURE: _____

(Must be authorized signer on credit card)

CHECK: # _____ Attached and mailed in with form. _____
Signature

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