



CCPA
MEMBERSHIP/RENEWAL PAYMENT FORM

MEMBER NAME: _____

REGISTRANT EMAIL: _____

SELECT LEVEL: _____ FULL (\$65)
_____ ASSOCIATE (\$50)
_____ STUDENT (\$45)
_____ SUSTAINING (\$100)

CREDIT CARD NO. _____

EXP DATE _____/_____/_____

3-DIGIT CODE _____

BILLING ZIP CODE _____

All payments processed through SQUARE.

Forward this registration form to CCPA at chescoparalegal@gmail.com

If payment by CHECK, make payable to

CHESTER COUNTY PARALEGAL ASSOCIATION

Mail to: CCPA – ATTN: MEMBERSHIP / PO Box 295, West Chester, PA 19381-0295