

CEPCA Membership Application Form

Select the Membership Level you wish to join (note that Promoter Membership is by invitation only)

- Promoter Member** **\$20,000**
 Contributor Member **\$3,000**

Company Name: _____ **Date:** _____

Primary Representative: _____ (Name/Title)

Company Address: _____ (Street)

_____ (Street)

_____ (City/State/Zip) _____ (Country)

Telephone Number: () _____ **Fax Number:** () _____

(Please include Country Code where applicable)

Email address: _____ **Web Page:** _____

CEPCA Technical Contact: _____ (Name/Title)

Address: _____ (Street)

_____ (Street)

_____ (City/State/Zip) _____ (Country)

Telephone Number: () _____ **Fax Number:** () _____

(Please include Country Code where applicable)

Email address: _____

CEPCA Promotional Contact: _____ (Name/Title)

Address: _____ (Street)

_____ (Street)

_____ (City/State/Zip) _____ (Country)

Telephone Number: () _____ **Fax Number:** () _____

(Please include Country Code where applicable)

Email address: _____

Billing Contact: _____ (Name/Title)

Company Address: _____ (Street)

_____ (Street)

_____ (City/State/Zip) _____ (Country)

Telephone Number: (_____) _____ Fax Number: (_____) _____

(Please include Country Code where applicable)

Email address: _____

Please send completed form with signed Membership Agreement and applicable fees to:

CEPCA Administration
3855 SW 153rd Drive
Beaverton, OR 97006