



Membership Application

Name: _____

Contact Email: _____ Contact Tel No.: _____

Address:

Street: _____

City/State/Zip: _____

Annual Membership Fee: \$30.00*

Membership Fee is Tax Deductible

Payment:

_____ Payment Received (Cash)

_____ Please charge credit card

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Zip Code: _____

Signature: _____

(Signature required for credit card authorization.)

Username: _____

Password: _____

Return application to:

CPTC

120 East Market Street

Suite 1201

Indianapolis, IN 46204

Toll Free: (888) 517-5554