P.O. Box 26821
Richmond, VA 23261
www.capavirginia.org

CAPA Membership Group Invoice Request Form

Group/Agency: _____

Group/Agency Administrator: _____
(Person Responsible for Billing/Payment)

Title: _____

Address: _____

Telephone: _____ **Fax:** _____

Administrator Email: _____
(Person Responsible for Billing/Payment)

***Groups of 5-9 members will receive a 5% Discount; Groups of 10 or more will receive a 10% Discount.**

A CAPA system invoice (noting payment options) will be sent by email to the Administrator listed above.

Member Names to Add to Group Invoice: (If more than 10 members, use additional form or sheet)

NON-NIGP $45.00	NIGP $40.00 (NIGP Memberships will be verified).	Full Name (If a new member, will need full name, title, email and phone) If additional space is needed, submit on another form.

***Please email this completed form to either CAPA email address: treasurer@capavirginia.org or info@capavirginia.org.**