



**Colonial Capital Chapter American Payroll Association**

Membership Application January – December 2018  
(Please type or print clearly)

New Membership       Renewal of Membership

Mr.    Ms.   \_\_\_\_\_  
First Name    Middle Initial    Last Name

Title \_\_\_\_\_ Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 Digit \_\_\_\_\_

Phone (Area Code) # Ext. \_\_\_\_\_ Fax (Area Code) # \_\_\_\_\_ E-mail \_\_\_\_\_

Are you CPP Certified?    Yes    No    No, but I am interested in a CPP review class

Please indicate any committees you would like to participate in:

Education    Membership    Communications    Board    National Payroll Week

**Meeting Location:** PenSoft - 151 Enterprise Dr-Newport News, VA 23603

**Meeting Schedule:**

*Registration:*    8:00 AM - 8:30 AM  
*Breakfast:*        8:00 AM – 8:59 AM  
*Program:*         9:00 AM – 11:00 AM

**Meeting Fees:**

Members Cost: \$15.00  
Non-Members Cost: \$25.00

**Membership Dues: Please mark your CCCAPA membership selection.**

**Member-Initial                    \$50.00**                    Method of Payment: Cash, or Check

**Addition Company Members    \$35.00**                    Be sure to complete the additional member information page

**Free Certificate                    \$0.00**

Please make check payable to:  
Colonial Capital Chapter APA

**Mail completed application & payment to:**  
Colonial Capital Chapter Treasurer  
**Attn: Lisa Ortiz**  
900 Bland Blvd, Suite G  
Newport News, VA 23602

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

For more information, contact Jasmine Jones, CPP - President at jcody@pensoft.com

**Additional Corporate Member Registration**

Corporate Membership rate is available to members registering from the same organization. After registering the first member of a company all additional registrations are available at a rate of \$35.00 per member.

**Company Member # 2**

Mr.  Ms. \_\_\_\_\_  
First Member #2 Middle Member #2 Last Member #2

Title \_\_\_\_\_

\_\_\_\_\_  
Phone (Area Code) - 2# Ext. Fax (Area Code)- 2 # E-mail - 2

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**Company Member #3**

Mr.  Ms. \_\_\_\_\_  
First Member #3 Middle Member #3 Last Member #3

Title \_\_\_\_\_

\_\_\_\_\_  
Phone (Area Code) - 3 # Ext. Fax (Area Code) - 3 # E-mail

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