



### Colonial Capital Chapter American Payroll Association

Membership Application January – December 2019

(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

**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**                      **Mail completed application & payment to:**

Colonial Capital Chapter Treasurer

**Attn: Lisa Ortiz**

900 Bland Blvd, Suite G

Newport News, VA 23602

Please make check payable to:  
Colonial Capital Chapter APA

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

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

For more information, contact [cccapa06@gmail.com](mailto:cccapa06@gmail.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 -4

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

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### Company Member #4

Mr.  Ms. \_\_\_\_\_  
First Member #4 Middle Member #4 Last Member #4

Title \_\_\_\_\_

Phone (Area Code) -4 # Ext. Fax (Area Code) - 4 # E-mail -4

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