

Website Benefits Order Form

NAME _____

FIRM/AGENCY _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____

EMAIL _____

CURRENT MEMBERSHIP CATEGORY:

PPA individual
 PPA organizational member
 PPA Consultant
 APA individual
 Non-Member

I/we would like to order:

	Member	Non-Member
Single ad for one month	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
Unlimited ads per year	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500
Planner profile and link per year	<input type="checkbox"/> \$200	<input type="checkbox"/> \$500

Enclosed is my/our check for \$ _____

Please bill our credit card: Visa MasterCard

Card Number: _____

Expiration Date: _____

Name and address on card if different from above: (please print or type)

For Office use only

	Received	Placed	Expiration
Single Ad			
Unlimited Ads/1 year			
Planner Profile & Link/1 year			