



Application For Membership

Company Name: _____

Main Contact: _____

Address: _____

Type of Membership (check one):

- Student \$25
- Young Professional \$45
- Individual \$95
- Small Org. (2-4) \$145
- Large Org. (5+) \$175

Contact Email: _____

Billing Contact: _____

Type of Organization: _____

Committee (Brackets, Brand[aid], Events/Programming):

Other members:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Make check payable to: Central Pennsylvania Creative Professionals

Send to:

CP2

19 Colonnade Way

Suite 117

PMB 177

State College, PA 16803

If you prefer to pay by credit card, please go to cpsquared.com/join/