



Associate Member Application

Organization _____

Contact Person (This individual will be NPA's primary contact and will be listed in the online NPA Membership Directory.)

Title _____

Phone _____ Fax _____

Email _____ Website _____

Mailing Address _____

Brief Description of Organization _____

_____ Check Enclosed (Made payable to National PACE Association)

_____ Charge **\$5,200** to _____ VISA _____ MasterCard

Credit Card Number _____ Expiration Date _____

Cardholder's Name _____

(Print exactly as it appears on card)

Cardholder's Signature _____

NPA's annual membership year runs from July 1 through June 30. The annual membership investment is \$5,200. Memberships are non-refundable.

Please return application and payment to:

National PACE Association, 675 North Washington Street, Suite 300, Alexandria, VA 22314

Fax: 703-535-1566

Phone: 703-535-1569