

CPS Academy Enrollment Application

New Enrollment

Renewal

Information Update

Name _____ Telephone Number _____

Address _____

IAAP Member Yes No Chapter Name and Location _____

Year Certified _____ CPS/IAAP ID No. _____ Surname when certified _____

Employer _____ Telephone Number _____

Address _____

Type of Industry _____ Job Title _____

Preferred Contact Address Home Work

Does management support the CPS Program? Yes No

If yes, is there a contact person? _____

Telephone Number _____

Annual Fee: \$15—IAAP Members \$30—Nonmembers

Method of Payment: Check (payable in U.S. funds) Credit Card (complete below)

Visa MasterCard Discover American Express Amount \$ _____

Card Number _____ Expiration Date _____

Cardholder's Signature _____