



P.O. Box 26821
 Richmond, VA 23261
 Fin# 54-2029932
www.capavirginia.org

2018 CAPA Group Invoice Request Form

Group/Agency: _____

Group/Agency Administrator: _____
 (Person Responsible for Billing)

Title: _____

Address: _____

Telephone: _____ **Fax:** _____

Administrator Email: _____
 (Person Responsible for Billing)

Member Names to Add to Group Invoice:

Groups of 5-9 members will receive a 5% Discount; Groups of 10 or more will receive a 10% Discount.

NON-NIGP \$45.00	NIGP \$40.00 (NIGP Memberships will be verified).	Full Name (If a new member, will need full name, title, email and phone) If additional space is needed, submit on another form.

***Please email this completed form to the CAPA Treasurer @ treasurer@capavirginia.org.**