Application for IPA Registration

Last Name _____ First _____ Initial _____

Street Address _____ City _____

State or Providence _____ Zip Code _____ Country _____

Telephone _____ Email Address _____

Date of Birth: _____ Age _____ Sex _____ Pro _____ Am _____

Sign if above answers are correct. *Parents sign if under 18 years.* _____ Date _____

ANNUAL REGISTRATION FEE: **$50**

PAYMENT CHOICE: ☐ Check ☐ Money Order ☐ Credit Card ☐ VISA ☐ MasterCard

Cardholder Name: _____ Card Number: _____

Cardholder Street Address: _____

City: _____ State: _____ Zip: _____

Exp. Month/Year: _____ 3-Digit CVC2 Security Number: _____

Make Checks and Money Orders to: Mark Chaillet *(IPA Chairman & CEO)*
Mail to: IPA, c/o Mark Chaillet, 190 Arsenal Rd., York, PA 17404

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WWW.IPAPOWER.COM