

## MEMBERSHIP APPLICATION

To become a member of CPAN, please fill out the application below and check the appropriate membership level. Return the application with the appropriate check or money order payable to CPAN in the envelope provided or mail to the address on the reverse:

Name: \_\_\_\_\_

Business: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (        ) \_\_\_\_\_

Email: \_\_\_\_\_

- Private Business (\$1,000)
- Individual Professional (\$500)
- Consumer (\$60)



[www.cpan.us](http://www.cpan.us)

**CPAN**

**Coalition Protecting Auto No-Fault**

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