



Application Form

Certified Pennsylvania Public Retirement Plan Professional

Participant Information:

Name: _____ Date: _____

(Please **print** your name the way you would like it on your final certification)

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Payment Information:

The one-time registration fee is \$499. Please fill out the following only if different than above:

Billing Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Payment methods:

- 1. To pay by check.** Please make check payable to: **PAPERS** and return with this application to: **PAPERS, P.O. Box 61543, Harrisburg, PA 17106-1543**
- 2. To pay by credit card or PayPal.** (this function available after 6/1/2018) Please access the PAPERS website www.pa-pers.org and click on "Certification Program". Near the bottom of this page click on the drop down box and follow the directions to pay the registration fee. If a completed application has not already been submitted, please do so either by mail to: **PAPERS, PO Box 61543, Harrisburg, PA 17106-1543** or scanned, saved and e-mailed to: douglas.b@verizon.net.
- 3. To pay by ACH transfer.** Please contact PAPERS by e-mail douglas.b@verizon.net to request the bank account and routing information you'll need to pay by this method. If you require a signed form to initiate the ACH transaction, please send the form to this e-mail address and it will be completed/returned promptly. Then, submit your completed membership application as note in #2 above so it can be matched with the ACH payment.

Please submit this completed application and payment to:

PAPERS, PO Box 61543, Harrisburg, PA 17106-1543