



Public Pension Certified Professional Application

Participant Information:

Name: _____

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

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Signature: _____

Payment Information:

In order to make the PAPERS PPCP Program successful there is a \$300 participation fee to cover administrative costs. There are multiple payment options below. Please select the one that best fits your needs. *(It is not necessary to include payment with the application—you will be invoiced).*

- Pay in full (\$300) Pay in three (3) \$100 installments
 Send invoice to participant Send invoice to other than participant.

Billing Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Please submit PPCP application to:

Krista Rogers
234 Gordon St.
Duboisstown, PA 17702

Or:

krista-rogers@comcast.net