



**MEMBERSHIP DIRECTORY  
ORDER FORM**

Date: \_\_\_\_\_

**Contact information:**

|               |        |      |
|---------------|--------|------|
| Company Name: |        |      |
| Contact Name: |        |      |
| Address:      |        |      |
| City:         | State: | ZIP: |
| Phone Number: | Email: |      |

**Ship to Information (if different than above). Please attach a list to send to multiple addresses:**

|               |       |      |
|---------------|-------|------|
| Company Name: |       |      |
| Contact Name: |       |      |
| Address:      |       |      |
| City:         | State | ZIP: |
| Phone Number: |       |      |

| <b>PAYMENT INFORMATION</b>  |   |
|---|---|
| _____ <b>Number of directories @ \$25.00 =</b> _____ <b>(Total Cost, includes shipping)</b>   |   |
| <p>To pay by credit card, please complete the following:</p> <p>Card Type:    <input type="checkbox"/> AMEX        <input type="checkbox"/> MC        <input type="checkbox"/> VISA</p> <p>Cardholder's Name: _____</p> <p>Card # _____</p> <p>Exp. Date: _____    CVV: _____</p> <p>Signature: _____</p> | <p>To pay by check, return form with payment to:</p> <p>National Propane Gas Association<br/>PO Box 418496<br/>Boston, MA 02241-8496 USA</p> <p>Questions?<br/>Please call us at 202-466-7200 or<br/>email <a href="mailto:tfalls@npga.org">tfalls@npga.org</a></p> |