

2024 Membership Application WIP Corporate Member

TO: Women in Propane Council		Date:			
In accordance with the Constitution Propane Council. I certify that I work my company.	-				
Company:		Address:			
Phone:		City:		State:	ZIP:
WIP Primary Contact:		E-Mail Address:	1		
Total Number of Employees:					
☐ 1 – 50 Annual Dues: \$500	□ 51 – 100	Annual Dues: \$750	□ 101+	Annua	al Dues: \$2500
Please submit a list of employee	s with name and en	nail address who shou	uld receive	WIP mem	ber benefits.
By providing email addre	esses, members agree to	o receive council news and	d information	from NPGA	
PAYMENT INFORMATION					
Credit Card Type: ☐ AMEX	□МС	□ VISA			
Card #:		Ехр:	CVV:		Payment Amount

Payments to the National Propane Gas Association are not deductible as charitable contributions for federal income tax purposes; however, they may be deductible as ordinary and necessary business expenses.

Email completed application to chutcherson@npga.org
Checks should be made payable in U.S. Dollars to the National Propane Gas Association and mailed to:

Phone: (202) 466-7200

Signature

National Propane Gas Association PO Box 418496 Boston, MA 02241-8496 USA

Name on card: