

# SPFA PCP CONTRACTOR COMPANY

## ACCREDITATION FEES AND COSTS ORDER FORM



Initial Registration     Annual Renewal

Name: *(please print)* \_\_\_\_\_

Company Name: \_\_\_\_\_ SPFA ID # \_\_\_\_\_

Company Address \_\_\_\_\_ ZIP: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Detailed Costs	Member Fee	Non-Member Fee	Total
Registration Per Accreditation	\$350	\$500	\$
Annual Accreditation Renewal	\$350	\$500	\$
		<b>Total Payment</b>	\$

My check for total payment, made out to SPFA PCP, is enclosed.

VISA     MasterCard     American Express     Discover    CSC Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**Please forward this form and payment to:**

SPFA-PCP 1050 Connecticut Avenue NW, Suite 500 Washington D.C. 20036  
 Fax: 1-866-242-5000 or e-mail: [admin@spfapcp.org](mailto:admin@spfapcp.org) ?? Questions call: 1-866-222-5000

Notes:

- All fees/costs are subject to change without notice, are not pro-rated, non-transferrable or refundable and must be pre-paid.
- To be eligible for the discount, your company must be SPFA PCP members.