



# Membership Form

Please officially join CIMPAD by completing the membership form below and submitting it with your annual member fee.

First Name			
Last Name			
Street Address			
Apt./Building/Suite #			
City	State/Province	ZIP/Postal	
Country			
Cell Phone	Institution		
Email			
Membership Fee	Institution - \$250.00 USD	American Individual - \$25.00 USD	African Individual - \$5.00 USD

**Mail your form with check payable to:**

CIMPAD, Inc.  
43 Locks Farm Lane  
Downingtown, PA 19335, USA

