



# Team Approval Application Fee

## ACPA Team Approval

American Cleft Palate-Craniofacial Association  
1504 East Franklin Street, Suite 102  
Chapel Hill, NC 27514

DUE DATE: August 31, 2020

### TO: [PLEASE FILL IN TEAM INFORMATION HERE]

Team ID:

Team Leader:

Team Name:

Address:

DESCRIPTION	AMOUNT
2020 ACPA Team Approval Application Fee	US\$270.00
<b>TOTAL</b>	<b>US\$270.00</b>

This fee is non-refundable. A self-audit and listing fee will be due annually to continue to be listed.

**Credit Card Payment**    \_\_\_ VISA        \_\_\_ MasterCard        \_\_\_ Discover        \_\_\_ American Express

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Expiration Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_ Amount Due \_\_\_\_\_

### Check Payment

Check #: \_\_\_\_\_

Institution name on check: \_\_\_\_\_

#### Make checks payable to:

American Cleft Palate-Craniofacial Association  
1504 East Franklin Street, Suite 102  
Chapel Hill, NC 27514

Email address or fax number for a receipt: \_\_\_\_\_