



**Council on
Compulsive Gambling
of Pennsylvania**

CCGP Membership Form

Please submit payment via check or credit card (below).

First Name: _____

Last Name: _____

Organization/Company: _____

Email _____

Phone _____

City _____

State _____ Zip Code _____

Area of interest:

___ Advocacy ___ Prevention ___ Treatment ___ Recovery ___ Gaming Industry

Membership Type:

CCGP & NCPG Individual Joint Membership - \$60 (now until 10/25!)

CCGP & NCPG Individual PLUS Joint Membership - \$110

CCGP Individual Membership - \$35

Credit Card # _____ Exp Date: _____

Name on Card: _____ CVV _____

Please make checks payable to CCGP
Mail to: PO Box 444, Spring House, PA 19477-0444