



# Team Approval Application Fee

## ACPA Team Approval

DUE DATE: July 15, 2021

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

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

Team ID:

Team Leader:

Team Name:

Address:

DESCRIPTION	AMOUNT
2021 ACPA Team Approval Application Fee	US\$280.00
<b>TOTAL</b>	<b>US\$280.00*</b>

\*This fee is non-refundable. A self-audit and listing fee will be due annually to continue to be listed. A credit card processing fee will be added to all credit card payments

**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 for a receipt: \_\_\_\_\_