



**CERTIFIED PUBLIC LIBRARY ADMINISTRATOR PROGRAM
CREDIT CARD AUTHORIZATION FORM**

I am/My institution is applying to become a provider/renew approval for the CPLA Program.

I authorize the following payment:

_____ Number of applications/standards submitted

x

_____ \$100

Course providers will pay \$100 per standard at the time of application. A course covering two or more standards will require filing of separate applications and fees for each standard. **All fees are non-refundable.**

Visa Mastercard American Express

Cardholder's Name _____

Institution _____

Account Number _____

Expiration Date _____

Signature _____

Fax to CPLA, 312-280-3256