



MEMBERSHIP APPLICATION

Date: _____

Company Name: _____

Address: _____

Name of Representative: _____

Name of Alternative: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-Mail: _____

Website: _____

I understand that by providing my mailing address, email address, telephone number, and fax number, I consent to receive communications sent by or on behalf of CFPA via regular mail, email, telephone or fax. Please sign. _____

We are applying for membership in the following category:

- Contractor Supplier Manufacturer Independent Designer
- Professional (Insurance, CPA, etc.) AHJ

Dues Schedule:	Contractor, Supplier	
	Manufacturer, Professional	\$300.00 per year
	Independent Designer	\$200.00 per year
	AHJ	\$0.00 per year

Visa or MasterCard # _____ Exp. ____/____

Signature: _____ Amount \$ _____

Please return application with payment to:
Colorado Fire Protection Association
3030 West 81st Avenue
Westminster, CO 80031-4111
Fax: 303-458-0002
Email: info@cofireprotection.org