



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 (Complimentary)

Contractor, Supplier, Manufacturer and Professional Member: \$300.00 per year
Independent Designer: \$200.00

Visa /MasterCard/AMEX # _____ Exp. ____/____

Signature: _____ Amount \$ _____

Address for Credit Card (Numbers only) _____ / Zip _____

Name on Card: _____ CV Code: _____

Please return application with payment to:
Colorado Fire Protection Association
1447 East 111th Place
Northglenn, CO 80233
Fax: 303-458-0002
Email: Postmaster@CoFireProtection.Org