



## Colorado Pest Control Association Membership Application

Firm

License No.

Contact Name

Title

Street Address

City

State

Zip Code

Phone

Fax

E-Mail

Website

Referred by

### Colorado Membership Dues

Select the appropriate category and enter amount on **Total Dues** line.

	Membership Category	Dues
<input type="checkbox"/>	Allied Member	\$200
<input type="checkbox"/>	Out of State Member	\$125
Total Dues (Amount Enclosed): _____		

### Payment Information

Send the application and appropriate payment to:

Colorado Pest Control Association

10460 North Street

Fairfax, VA 22030

Fax: 703-352-3031

Email: [alindley@pestworld.org](mailto:alindley@pestworld.org)

- Check is enclosed # \_\_\_\_\_
- Please bill my :  Visa  
 Mastercard

**Thank you for your support!**

Card Number

Expiration Date

Security Code

Cardholder Name

Signature

**Questions?** Please contact Alison Lindley with CPCA at 703-352-6762 / [alindley@pestworld.org](mailto:alindley@pestworld.org)  
<http://www.ccapestworld.org>