



**Colorado Pest Control Association**  
Membership Application  
July 1, 2021 – June 30, 2022

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.

	<b>Membership Category</b>	<b>Dues</b>
<input type="checkbox"/>	Allied Member	\$100
<input type="checkbox"/>	State Only Member	\$125
Total Dues (Amount Enclosed): _____		

**Payment Information**

Send the application and 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 at 703-352-6762 / [alindley@pestworld.org](mailto:alindley@pestworld.org)  
<http://www.ccapestworld.org/>