



**Colorado Pest Control Association**  
Membership Application  
July 1, 2023 – June 30, 2024

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

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

**Thank you for your support!**

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

**Questions or want to pay by ACH or wire transfer?** Please contact Alison Lindley at  
703-352-6762 / [alindley@pestworld.org](mailto:alindley@pestworld.org)  
<http://www.ccapestworld.org/>