



Colorado Burglar and Fire Alarm Association

2024 MEMBERSHIP APPLICATION

A. APPLICANT

Company/Organization Name: _____

Mailing Address: _____

Telephone: _____ Website: _____

E-mail _____

Persons entitled to represent your company (one vote per regular member company)

PRIMARY CONTACT Name _____ Title _____

E-Mail _____

SECONDARY CONTACT Name _____ Title _____

E-Mail _____

B. Regular Members: Do you have all required permits & licenses? __ Yes __ No

(Please provide your applicable licensing information)

City or County name & License type	License Number
_____	_____
_____	_____
_____	_____
_____	_____

C. MEMBER CATEGORIES: (check applicable box)

REGULAR MEMBER: Regular Membership is open to any individual, partnership, firm, corporation or other business entity, operating within the State of Colorado having its major activity in the electronic security industry, installation and servicing of burglar alarms, fire alarms, supervisory systems and other low voltage electronic systems and have a valid state/county/city/entity license to operate in those segments of the electronic security and/or life safety industry as the member may be operating. Dues for calendar year 2024: \$299

ASSOCIATE MEMBER: Associate membership shall consist of any business entity, or person, which is engaged in the business of manufacturing, distributing, supplying, dealing in or selling products or services relating and necessary to the members of the Association. Dues for calendar year 2024: \$299

AFFILIATE MEMBER: Affiliate membership in the Association shall be open to any individual, partnership, firm or corporation, public safety or non-profit organization that does not otherwise qualify for membership under any other membership category, but meets the following requirement and conditions:

(a) Has the capability of contributing significant value or expertise to the electronic security & life safety industry, or provides design, installation, service or monitoring of electronic security & life safety systems for its own use and not to either the general public or to electronic security & life safety dealers. Dues for calendar year 2024: None

D. PAYMENT

Enclosed is payment in the amount of \$ _____* or charge this amount to the following:

NAME ON CARD: _____

AMEX/VISA/MASTERCARD _____

EXP DATE _____ SEC CODE _____ BILLING ZIP CODE _____

*Note: Payments made by credit card will have a 2% processing fee added to the total.

The undersigned acknowledges that all information provided in this application is true and accurate, and that false information can result in the denial of membership. Upon approval, the undersigned agrees to abide by and subscribe to the bylaws and code of ethics of the CBFAA. The CBFAA reserves the right to approve or deny membership regardless of any payments received or deposited. I hereby certify that this company meets the requirements for membership in the CBFAA.

Signed: _____ Date: _____

Print Name: _____ Title: _____

Send completed application with payment information to:
CBFAA, 421 S. Pierce Avenue, Louisville, CO 80027
Or cbfaa@cbfaa.org

COLORADO BURGLAR & FIRE ALARM CODE OF ETHICS

1. To promote the highest standards of performance and professional conduct in the electronic security and life safety industry.
2. To foster objectives founded on principles of justice and integrity that are beneficial to all persons involved in the electronic security and life safety industry and the general public.
3. To deal honestly, fairly, and to be guided by a spirit of justice and honor in all matters.
4. To provide mutual aid to members and to disseminate information vital to the electronic security and life safety industry.
5. To encourage and support sound legislation affecting the electronic security and life safety industry.

FOR OFFICE USE ONLY:

Application received by CBFAA _____ Pymt. _____ Received by _____
Licensing checked _____ Mirror subscription ordered _____