**Colorado Burglar and Fire Alarm Association**

**2020 REGULAR MEMBERSHIP APPLICATION**

A. APPLICANT

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PRIMARY CONTACT Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECONDARY CONTACT Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Do you have all required permits & licenses? \_\_ Yes \_\_ No

(Please provide your applicable licensing information)

City or County name & License type License Number

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C. 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 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. $250 for calendar year 2020.

D.PAYMENT

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

AMEX/VISA/MASTERCARD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXP DATE \_\_\_\_\_\_\_\_\_\_ SEC CODE \_\_\_\_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_

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 Regular Membership in the CBFAA.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Send completed application with payment information to:*

*CBFAA, 820 S. Monaco Parkway #141, Denver, CO 80224*

*Or* Jeanne@cbfaa.org *or call (303) 805-0885.*

**FOR OFFICE USE ONLY:**

Application received by CBFAA \_\_\_\_\_\_\_\_\_\_\_ Pymt. **\_\_\_\_\_\_\_\_\_\_** Received by \_\_\_\_\_\_\_\_

Licensing checked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mirror subscription ordered\_\_\_\_\_\_\_\_\_\_