



COLORADO EMERGENCY VEHICLE TECHNICIANS ACADEMY

MEMBERSHIP APPLICATION & RENEWAL FORM

Today's Date _____

Type of Membership

- Regular
- Associate / Vendor

Organization Name _____

Organization Address _____

City _____ State _____ Zip Code _____

Representative #1

Name _____

Title _____

Phone Number _____ Fax Number _____

Email _____

Representative #2

Name _____

Title _____

Phone Number _____ Fax Number _____

Email _____

Representative #3

Name _____

Title _____

Phone Number _____ Fax Number _____

Email _____

Type of Membership *\$35 for Regular Membership - \$55 for Associate Membership*

- Regular
- Associate

Additional Members *\$10 extra per member*

- First Additional
- Second Additional
- Third Additional

Total \$ _____

Annual dues cover a maximum of three representatives from each organization. Dues are for the fiscal year January 1 through December 31. If dues are not in by the first day of July, (membership renewals only) your membership will expire. **Dues must be paid before your application will be processed.**