



2012 AZCPA MEMBERSHIP APPLICATION

(Membership year runs 10/11– 9/12)

MEMBERSHIP CLASS:

___ Manufacturer (\$600) ___ Retailer (\$400) ___ PCA (\$75) ___ Associate (\$200)

CONTACT INFORMATION

NAME OF CONTACT: _____

COMPANY NAME _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____ MOBILE: _____

IF MANUFACTURER OR RETAILER, PLEASE DESIGNATE 2 ADDITIONAL INDIVIDUALS WHO WILL REPRESENT THE MEMBER COMPANY:

_____	_____
(NAME)	(ADDRESS)
_____	_____
(PHONE)	(EMAIL ADDRESS)
_____	_____
(NAME)	(ADDRESS)
_____	_____
(PHONE)	(EMAIL ADDRESS)

METHOD OF PAYMENT: (MAKE CHECKS PAYABLE TO: AZCPA)

CHECK ENCLOSED VISA MC AMEX

Account# _____ Exp. Date _____ ZipCode: _____

I authorize Arizona Crop Protection Association to charge my credit card for the charges listed above for AZCPA Membership dues.

Cardholder Signature _____ Date _____

**Manufacturer & Retailer members receive up to 3 designated individuals with their membership.
PCA's who work for a retailer member but are not included as one of the 3 designees must join as a PCA to be considered an AZCPA Member.