

ASSOCIATE MEMBERSHIP APPLICATION

Local Association Annual Fee: \$300 (1 Location) \$600 (2+ Locations)

Company Name: _____

Contact: _____

Title/Position: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Company Website: _____

Please provide a few details about your company and its main products:



Please return the completed application to:

PDCA Northern Arizona Chapter
4391 East Marshall Ct
Gilbert, AZ 85297

Make checks payable to: PDCA

We now accept all major credit cards.

To pay by credit card print this invoice, complete the following information and fax it to (480) 988-6511:

Amount: \$ _____ (Note: An administrative fee of no more than 3% of the charge will be applied.)

Credit Card No: _____ Card Verification Code: _____

Expiration Date: ____ / ____

Address on Billing Statement: _____ Zip Code: _____

Name on card: _____

Signature: _____

