

Colorado Professional Videographers Association Membership Registration Form

Your Name:

Your Company:

Other Company Representative Name:

Referred by:

Address:

City:

State:

Zip:

Your Email:

Your Website:

Phone:

Mobile phone:

Membership in Other Organizations?

Degrees or Formal Training :

Describe your Professional Videography Experience/Specialty:

What services and equipment do you offer to your customers?

I agree to abide by the By-Laws of this Association and will pay the necessary dues.

Date: