



Application for Membership to Colorado Photonics Industry Association

Mail/Fax Completed form to: CPIA , P.O. Box 700. Boulder, CO 80306

Phone: 303-834-1022; FAX: 303-834-1022

E-mail: cpia@coloradophotonics.org, Webpage: www.coloradophotonics.org

CPIA MEMBERSHIP APPLICATION

Member/Organization:

Name _____

Mailing Address: _____

City: _____ St _____ ZIP: _____

Phone: _____ Fax: _____

List Contacts to receive CPIA newsletter, meeting and member notices (List additional contacts on reverse side)

Position	Name	Email address
Primary Contact for CPIA membership and webpage listing		
CEO		
Marketing		
Technology Officer		
Human Resources		

Product/Services Description (CPIA website)

Your Website URL _____

Keywords for database search _____

INDUSTRY MEMBER (based on FTE) [Company developing or using photonics technology]	SUPPORTING MEMBER
<input type="checkbox"/> \$200 – Lone Eagle [1-2 person]	<input type="checkbox"/> \$500 - Professional Service [attorney, consultant, accountant, etc.]
<input type="checkbox"/> \$325 – Very small company [3 to 9 fte]	<input type="checkbox"/> \$500 - Public/Non-profit Organization [university, government, economic development, etc.]
<input type="checkbox"/> \$500 – Small company [10 to 24 fte]	<input type="checkbox"/> \$100 - Individual Member
<input type="checkbox"/> \$650 – Medium company [25 to 49 fte]	<input type="checkbox"/> \$ 0 - Student
<input type="checkbox"/> \$775 - Large company [50-99 fte]	
<input type="checkbox"/> \$925 – Very large company [100 fte & up]	

Enclosed is a check payable to CPIA Please invoice me Credit Card payment made online at www.coloradophotonics.org/join.php

Signature: _____ Date: _____