



MEMBERSHIP RENEWAL

\$40.00

Last Name, First, Middle Initial

Title

Employer (Include Department/Section/Division)

Date of Employment

Employer Address

Referred By

City

State

Zip Code

Country

Employer Telephone Number

Fax Number

Your Direct Line

Your Email Address

I hereby certify that the above is true and correct to the best of my knowledge, and that I have never been convicted of a felony offense. Falsification of any information on this application is grounds for denial or revocation of Membership. If this application is accepted, I agree to abide by the By-Laws and Membership Oath of the North American Consumer Protection Investigators.

Signature

Date

Send renewal form and annual dues to:

LeAnn Lopez, NACPI Treasurer
Colorado Dept. of Law
Consumer Protection
1300 Broadway, 7th Fl
Denver, CO 80203
720-508-6200
720-508-6040 fax
llopez@nacpi.net

NACPI is a 501(c)(3) non-profit trade organization, incorporated in the State of Delaware, tax identification number 42-1491608, please contact LeAnn Lopez, NACPI Treasurer @ llopez@nacpi.net for more details.