



Official Use Only:

Rcvd App _____ Paid _____ Issued _____

Only available to current CPA Members and Associate CPA Members.

Personal Information (please print):

Date Applying: _____

Name _____
Last First Middle

Date of Birth ____ / ____ / ____ Sex ____ Weight ____ Height ____ Hair Color ____ Eye Color ____

Publication Name or Freelance Name (as it should appear on press card) _____
If no publication name, provide references below.

Current CPA Member/Associate: Yes ____ Pending ____ (applied: ____ / ____ / ____) Email _____

Mailing Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ Cell/Other _____

Email _____

Credentials Desired (Please indicate style of card, sticker or plate. A new plate includes a sticker.):

Card
Must email photo
 Wallet Bag Tag

Sticker

Plate

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Card # _____	Plate # _____

\$6

\$3

\$10

Total Due

Please include payment.

References (Give the names of three CPA Members who can verify your position as a newsperson):

Name	Member Publication	Position	Phone Number	Years Acquainted
1.				
2.				
3.				

Payment Information (Please print clearly):

Check Cash Amount _____ Date _____

Credit Card Payment: Visa _____ MC _____ AMEX _____

Name on Card _____ Card Number _____

Billing Address of Credit Card _____ City/State/Zip _____

Exp. Date _____ CID#: (3 digit on back of card) _____ Phone # _____

Cardholder's Signature _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if credentialed, falsified statements on this application shall be grounds for revocation of credentials.

I authorize investigation of all statements contained herein and the references listed below to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

Date _____ Applicant's Signature _____

Editor's Signature _____

Please email a current, small, cropped head shot, 300 dpi jpg photo file to: coloradopress@colopress.net
Payment and forms should be mailed or faxed to: 1336 Glenarm Place, Denver, CO 80204, fax: 303-571-1803
Questions, please call: 303-571-5117