

NORTHERN CALIFORNIA BACKFLOW PREVENTION ASSOCIATION

P.O. Box 6177, Vallejo, CA 94591  
[www.norcalbpa.org](http://www.norcalbpa.org)



**MEMBERSHIP APPLICATION**

THIS INFORMATION WILL BE USED FOR THE DIRECTORY

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Dues enclosed for year of \_\_\_\_\_ 2024 \_\_\_\_\_

**Membership Renewal fee is \$40. Please make checks payable to NCBPA and return with this application form to:  
Name Badge Fee is \$15 Please check if you are also ordering a name badge**

NCBPA  
P.O. Box 6177  
Vallejo, CA 94591

Questions: Call Lacy Castro  
Phone (707) 731-4239  
Fax (707) 649-0429

**If you do not want the boxed items listed on the Directory, please put a check in the box next to the item that you do not wish to be included.**

PAYMENT METHOD:  CHECK/CK NO. \_\_\_\_\_  VISA  MASTERCARD  DISCOVER

CREDIT CARD NO: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

Billing Address on Credit Card: \_\_\_\_\_

NAMES AS IT APPEARS ON CREDIT CARD: \_\_\_\_\_

**If this is a new membership application, who referred you to NCBPA?** \_\_\_\_\_