

NORTHERN CALIFORNIA BACKFLOW PREVENTION ASSOCIATION

P.O. Box 6177, Vallejo, CA 94591
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 _____ 2025 _____

**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? _____