Associate Member

CPDA MEMBERSHIP APPLICATION

Complete this application to apply for CPDA membership. The CPDA Membership Committee will confirm that the applying company meets the requirements for membership at the appropriate level and as defined within the by-laws of the association and will recommend prospective new members to the CPDA Board of Directors for final approval.

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PRIMARY CONTACT INFORMATION

Name: _____ Title: _____

Email: _____ Phone: _____

Invoicing Contact Name *(if different)* _____

ASSOCIATE MEMBER

Associate Member Companies provide/offer services, support, or products to CPDA Member Companies.

Briefly describe your Company's services, support, or products:

_____

Associate Membership Dues: $2,995 annually

Membership Dues will be prorated upon receipt of application.

Signature: _____ Date of Application: _____

Printed Name: _____ Title: _____

Please email this completed application to:
Terry Kippley, CPDA President at tkippley@cpda.com.

Thank you for your support of CPDA!

10/2026

4201 Wilson Blvd, Suite 700 | Arlington, VA 22203
www.cpda.com | info@cpda.com

Council of Producers & Distributors of Agrotechnology