

# CALIFORNIA OPERATOR & DOOR ASSOCIATION



## Membership Application

DATE: \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

CONTACT: \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

FAX \_\_\_\_\_

TYPE OF BUSINESS

Dealer/Installer

Manufacturer

Combo, Dealer/Manufacturer

What is Your Area of Specialization: \_\_\_\_\_

*If Applicable, please list the company who sponsored your membership:* \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

CLASS NUMBER \_\_\_\_\_

*CODA must have your license number in order to process your membership.*

E-MAIL ADDRESS \_\_\_\_\_

WEB SITE ADDRESS: \_\_\_\_\_

### MEMBERSHIP FEES - New Members

DEALER/INSTALLER	\$150.00 per year + a \$30.00 1time administration fee <i>\$150.00 there after</i>	\$180.00
MFGR., DISTRIBUTOR or COMBINATION	\$225.00 per year + a \$30.00 1time administration fee <i>\$225.00 there after</i>	\$255.00

### MEMBERSHIP FEES - To Renew Only

DEALER/INSTALLER	\$150.00 per year	\$150.00
MFGR., DISTRIBUTOR or COMBINATION	\$225.00 per year	\$225.00

TOTAL \_\_\_\_\_

Place Your  
Business Card  
Here

**MAKE YOUR CHECK PAYABLE TO:**

California Operator & Door Association  
1644 South Clementine Street  
Anaheim CA 92802  
(714) 502-9300 FAX (714) 778-6367

### SPONSORSHIP AREA:

Sponsor Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_