



Membership Application

Name _____

Business Name _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Phone _____ Mobile _____

Email _____

Website _____

Social Media Apps (optional) _____

I would like my information included on the CDI Website Member Listing YES NO

Color Training and Experience _____

Contact information for Training Program _____

Specialization of your business (include any products you carry)

Computer Skills _____

Email to: nmorelli@braeman.com Mail to: Nicole Morelli, 9544 Manzanita Ave., Ben Lomond, CA 95005