## NPMA ASSOCIATE MEMBERSHIP FORM <br> NPMA Associate Membership July 1, 2024 - June 30, 2025

## Join online at: www.npmapestworld.org/join Renew online at: www.npmapestworld.org/renew

You may fax or mail this form with payment to: National Pest Management Association, 10460 North Street, Fairfax, VA 22030, FAX: 703-352-3031 FIRM $\qquad$

CONTACT NAME $\qquad$ TITLE $\qquad$

STREET ADDRESS $\qquad$ CITY $\qquad$ STATE $\qquad$ ZIP CODE $\qquad$

PHONE $\qquad$ E-MAIL $\qquad$ WEBSITE $\qquad$

ANNUAL REVENUE $\qquad$ \# OF EMPLOYEES $\qquad$ YEARS IN BUSINESS $\qquad$

Please select your dues class to determine your total membership amount due.

| NPMA DUES |  |  |
| :---: | :---: | :---: |
| DUES CLASS | MEMBERSHIP CATEGORY | NPMA DUES |
| $\square \mathrm{A}$ | Company Associate <br> Any company who is qualified by reason of experience and/or training inbiology, chemistry, sanitation, or related sciences to the pest management industry or government agency. | \$830 |
| $\square$ в | Full Associate <br> Any individual who is qualified by reason of experience and/or training in biology, chemistry, sanitation, or related sciences to the pest management industry | \$490 |
| $\square \mathbf{~ c ~}$ | Limited Associate <br> Any individual who meets the Full Associate criteria, working for a government agency or manufacturing company NOT directly involved in the pest management industry. Included in this category are home inspectors | \$185 |
| $\square$ D | Student Associate <br> Any individual enrolled at least half-time in an accredited institution of higher education. Must provide proof of enrollment. | \$35 |

## PAYMENT INFORMATION:

TOTAL AMOUNT DUE
\$ $\qquad$MY CHECK IS ENCLOSED:\# $\qquad$PLEASE BILL MY $\square$ VISAMASTER CARD

CARD NUMBER $\qquad$
EXPIRATION DATE $\qquad$ SECURITY CODE $\qquad$
CARDHOLDER NAME $\qquad$
signature $\qquad$

## THANK YOU FOR YOUR SUPPORT!

QUESTIONS OR WISH TO PAY BY WIRE TRANSFER OR ACH?
Please contact Alison Lindley with NPMA at 703-352-6762 / alindley@pestworld.org.

