



NEW ENGLAND PEST MANAGEMENT ASSOCIATION MEMBERSHIP APPLICATION

The membership year is July 1 through June 30.
Dues may be prorated if joining mid year.

_____ **Allied Membership** **275.00**
A representative of a supplier who supports the purpose of the Association.

_____ **Associate Membership** **230.00**
An individual (not a company) who is qualified by experience or training in biology, chemistry, sanitation or an allied science, involved in programs relating to the management of pests, and who is not otherwise eligible for membership in the Association.

_____ **Affiliate Membership** **230.00**
A branch office or a corporate subsidiary of an active member shall be eligible for corporate affiliate membership. Also eligible is any state, regional, or metropolitan pest organization. This designation shall also refer to educational, environmental, health, or other concerned groups.

_____ **Prospective Membership** **230.00**
A pest management firm that has been established for less than one year with an individual who is a licensed pesticide applicator with a minimum of two years of experience within the pest management industry.

Please indicate the category above that best suits your needs.

Company: _____

Designated Representative: _____

Mailing Address: _____ City/

State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Method of payment: Check # _____ or Credit Card: VISA/Mastercard/American Express

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ Sec. Code: _____

Billing address (if different than above): _____

Signature: _____

Send this completed application with appropriate dues to New England Pest Management Association 53 Regional Drive, Suite 1, Concord, NH 03301. Fax: (603) 228-2118 Phone: (866) 386-3762