



NORTH CAROLINA PEST CONTROL ASSOCIATION

"Defenders of Your Environment"

Application for Membership (Active)

Company _____ Pest Control License No. _____

Contact _____ Year Business Established _____

Address _____

City _____ St. _____ ZIP _____

County _____

Phone _____ Fax _____ Email _____

Services offered to the public (check all that apply)

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> General Pest Control | <input type="checkbox"/> Fumigation | <input type="checkbox"/> Termite Control | <input type="checkbox"/> Rodent Control |
| <input type="checkbox"/> Moisture Control | <input type="checkbox"/> Bird Control | <input type="checkbox"/> Ornamental | <input type="checkbox"/> Weed Control |

Membership Dues Structure (All three parts must be paid in order to be considered for membership.)

- North Carolina Pest Control Association annual dues \$175
- Cardholders, \$10 each (please provide list on separate paper)
Number of cardholders in company _____ @ \$10 each = \$ _____
- National Pest Management Association schedule of dues (check one)

<input type="checkbox"/> For annual gross sales \$200,000 per year or less	\$100
<input type="checkbox"/> For annual gross sales \$200,001 to \$500,000	\$165
<input type="checkbox"/> For annual gross sales \$500,001 to \$1,000,000	\$425
<input type="checkbox"/> For annual gross sales \$1,000,001 to \$2,500,000	\$650
<input type="checkbox"/> For annual gross sales \$2,500,001 to \$5,000,000	\$1,100
<input type="checkbox"/> For annual gross sales \$5,000,001 or more	\$2,750
- Designate up to two (2) company employees as voting members at the general membership meetings
Name: _____ Name: _____

Optional:

Additional mailings of *The Tar Heel Pest Management News* \$25
Please indicate to whom the newsletter should be sent:

Name _____

Address _____

City _____ St. _____ ZIP _____

Total amount due (from all categories listed above) \$ _____

- I wish to pay by check. Please make checks payable to NCPCA.
- I wish to pay by MasterCard, Visa or American Express.

Card number: _____

Expiration date: _____ Signature: _____

Please mail this form along with your payment to: **NCPCA ♦ 2501 Aerial Center Parkway Ste. 103
Morrisville, NC 27560
800.547.6071**

Thank you for your support!