



MEMBERSHIP APPLICATION CONNECTICUT



NPMA and CTPCA Joint Membership
July 1, 2019 - June 30, 2020

FIRM		LICENSE NO.	
CONTACT NAME		TITLE	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE	E-MAIL	WEBSITE	
ANNUAL REVENUE	# OF EMPLOYEES	YEARS IN BUSINESS	

Please select your dues class in Table A and Table B to determine your NPMA/CTPCA membership amount due.

TABLE A: NPMA Dues

Dues Class	Annual Sales Volume	NPMA Dues
<input type="checkbox"/> A	\$0 – 400,000	\$185
<input type="checkbox"/> B	\$400,001 – 500,000	\$375
<input type="checkbox"/> C	\$500,001 – 600,000	\$450
<input type="checkbox"/> D	\$600,001 – 700,000	\$525
<input type="checkbox"/> E	\$700,001 – 800,000	\$600
<input type="checkbox"/> F	\$800,001 – 900,000	\$675
<input type="checkbox"/> G	\$900,001 – 1M	\$750
<input type="checkbox"/> H	\$1,000,001 – 1.5M	\$935
<input type="checkbox"/> I	\$1,500,001 – 2M	\$1125
<input type="checkbox"/> J	\$2,000,001 – 2.5M	\$1315
<input type="checkbox"/> K	\$2,500,001 – 3M	\$1500
<input type="checkbox"/> L	\$3,000,001 – 3.5M	\$1690
<input type="checkbox"/> M	\$3,500,001 – 4M	\$1875

TABLE B: CTPCA Dues

Dues Class	State Dues	CTPCA Dues
<input type="checkbox"/> A	State Dues	\$125

Dues Class	Annual Sales Volume	NPMA Dues
<input type="checkbox"/> N	\$4,000,001 – 4.5M	\$2065
<input type="checkbox"/> O	\$4,500,001 – 5M	\$2250
<input type="checkbox"/> P	\$5,000,001 – 6M	\$2625
<input type="checkbox"/> Q	\$6,000,001 – 7M	\$3000
<input type="checkbox"/> R	\$7,000,001 – 8M	\$3375
<input type="checkbox"/> S	\$8,000,001 – 9M	\$3750
<input type="checkbox"/> T	\$9,000,001 – 10M	\$4125
<input type="checkbox"/> U	\$10,000,001 – 11M	\$4500
<input type="checkbox"/> V	\$11,000,001 – 12M	\$4875
<input type="checkbox"/> W	\$12,000,001 – 13M	\$5250
<input type="checkbox"/> X	\$13,000,001 – 14M	\$5625
<input type="checkbox"/> Y	\$14,000,001 – 15M	\$6000
<input type="checkbox"/> Z	\$15,000,001 – 20M	\$6750

Over \$20M Call NPMA

PAYMENT INFORMATION

TABLE A: NPMA DUES	\$ <input type="text"/>
+ TABLE B: CTPCA DUES	\$ \$125
TOTAL AMOUNT DUE	\$ <input type="text"/>

My check is enclosed: # _____
 Please bill my: VISA MasterCard AMEX

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

CARDHOLDER NAME _____

SIGNATURE _____

Send the application and payment to:
National Pest Management Association
 10460 North Street, Fairfax, VA 22030
 Fax: 703-352-3031
 Email: alindley@pestworld.org

THANK YOU FOR YOUR SUPPORT!

Questions? Please contact Alison Lindley with NPMA at 703-352-6762 / alindley@pestworld.org
www.ctpcaonline.org | www.npmapestworld.org

The National Pest Management Association estimates that one (1) percent of your total NPMA dues are allocated to NPMA lobbying activities and therefore is not deductible. Be sure to consult your tax advisor with any questions.