



MEMBERSHIP APPLICATION MICHIGAN



NPMA and MPMA 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 total membership amount due.

TABLE A: MPMA Dues

MPMA Dues	\$ 250
+ # of Branches ____ (x \$100 per branch) =	\$ ____
+ # of Technicians ____ (10 max) x \$15 =	\$ ____
TOTAL DUES =	\$ ____

TABLE B: NPMA Dues

Dues Class	Annual Sales Volume	NPMA Dues	Dues Class	Annual Sales Volume	NPMA Dues
<input type="checkbox"/> A	\$0 – 400,000	\$185	<input type="checkbox"/> N	\$4,000,001 – 4.5M	\$2065
<input type="checkbox"/> B	\$400,001 – 500,000	\$375	<input type="checkbox"/> O	\$4,500,001 – 5M	\$2250
<input type="checkbox"/> C	\$500,001 – 600,000	\$450	<input type="checkbox"/> P	\$5,000,001 – 6M	\$2625
<input type="checkbox"/> D	\$600,001 – 700,000	\$525	<input type="checkbox"/> Q	\$6,000,001 – 7M	\$3000
<input type="checkbox"/> E	\$700,001 – 800,000	\$600	<input type="checkbox"/> R	\$7,000,001 – 8M	\$3375
<input type="checkbox"/> F	\$800,001 – 900,000	\$675	<input type="checkbox"/> S	\$8,000,001 – 9M	\$3750
<input type="checkbox"/> G	\$900,001 – 1M	\$750	<input type="checkbox"/> T	\$9,000,001 – 10M	\$4125
<input type="checkbox"/> H	\$1,000,001 – 1.5M	\$935	<input type="checkbox"/> U	\$10,000,001 – 11M	\$4500
<input type="checkbox"/> I	\$1,500,001 – 2M	\$1125	<input type="checkbox"/> V	\$11,000,001 – 12M	\$4875
<input type="checkbox"/> J	\$2,000,001 – 2.5M	\$1315	<input type="checkbox"/> W	\$12,000,001 – 13M	\$5250
<input type="checkbox"/> K	\$2,500,001 – 3M	\$1500	<input type="checkbox"/> X	\$13,000,001 – 14M	\$5625
<input type="checkbox"/> L	\$3,000,001 – 3.5M	\$1690	<input type="checkbox"/> Y	\$14,000,001 – 15M	\$6000
<input type="checkbox"/> M	\$3,500,001 – 4M	\$1875	<input type="checkbox"/> Z	\$15,000,001 – 20M	\$6750

Over \$20M Call NPMA

PAYMENT INFORMATION

TABLE A: MPMA DUES	\$ ____
+ TABLE B: NPMA DUES	\$ ____
TOTAL AMOUNT DUE	\$ ____

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

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____ ZIP 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 Rhonda Wise with MPMA at 586-296-9580 / rwise@mipca.org / www.mipma.org
 or Alison Lindley with NPMA at 703-352-6762 / alindley@pestworld.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.

APPLICATION QUESTIONNAIRE

The following information is required for all applicants

1. What are your and/or your company's qualifications that should be given consideration and approval of this application? (Please mention school, college, or other training and degree, if any, of the representative.)

When established and under present ownership, given year _____

Individual Partnership Corporation

2. If a subsidiary, name of Parent Company _____

Are you a past member of MPMA? Yes No

If yes, when and reason for leaving? _____

Name of firm if different than above _____

Are you a member of any other State Association such as the MPMA? Yes No

If yes, please name _____

2. Engage in (Please Check)

General pest control which means only those activities commonly referred to as treatments by means insecticides, rodenticides, and trapping

Fumigation

Preparation and sale of products

Termite Control

Manufacture and supply to the pest control industry

Any other special field _____

3. Two References (such as bank, firms from which you purchase, etc.)

4. Insurance Coverage Name and insurance company address carrying your public liability and property damage.

5. Has your License ever been suspended or revoked? Yes No

If yes, please explain _____

6. Applicant is sponsored by (Name and address)

7. Do you have an ownership in any other company? Yes No

If yes, what company? _____

I / We understand the membership does not become effective until notified by the Secretary/Treasurer.

APPLICANT SIGNATURE

DATE

FOR OFFICE USE ONLY

Received at Secretary/
Treasurer office committee _____

Report from _____
membership committee

Submitted to _____
membership



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PURPOSES

1. To promote, attain, and maintain a high standard of ethics in the pest control industry.
2. To foster research and diffusion of knowledge of the industry and to promote education and training among its members.
3. To promote safety in application of pesticides for the protection of the environment.
4. To promote the social welfare of its members.
5. To foster, promote, maintain and encourage the civic, social, and industrial welfare of the industry.
6. To do charitable acts.
7. To cooperate with existing governmental authorities for the good of the community and industry.
8. To endeavor to bring about a condition where:
 - a. The members in their advertising or solicitation of business shall not use any misleading, tricky, or fraudulent methods.
 - b. That members will not accept a contract or service agreement without rendering skilled, intelligent, conscientious service.
 - c. A thorough analysis of the requirements of clients and a conscientious recommendation by the operator of the best means suitable to the client's needs.

DUES

1. **DUES:** Membership dues are determined annually. Membership period shall be considered to mean from July 1st to June 30th.
2. **Failure to Pay Dues:** Any member neglecting or failing to pay his dues by 30 days of the due the date, shall be declared delinquent.
 - a. Thereafter, delinquent members shall be denied all privileges and benefits of the Association.
3. **Notification of Dues:** The Secretary of the Association shall mail a statement of dues to every member of the Association at his last known post office address;
 - a. Once within the first month after said dues are payable;
 - b. Once within the second month after the said dues are payable.
4. **Application for Reinstatement:** Former members who have resigned or been dropped for non- payment of dues shall make application for membership in the same manner as if a new applicant, but with the application there must be included the amount of the past indebtedness due (excluding non-paid membership) to the Association before it will be considered, unless waived by a two-third (2/3) vote of the Board of Directors.

THANK YOU FOR YOUR SUPPORT!

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