



MEMBERSHIP APPLICATION MINNESOTA

NPMA and MPMA Joint Membership
for January 1, 2019 – December 30, 2019

Please fill out the form below or renew online at www.nmapestworld.org/renew.



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
<input type="checkbox"/> Company \$70
+ Individual MN Licenses for the Previous Year: _____ X \$16.00
TOTAL DUES = _____

TABLE B: 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
<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: MPMA DUES \$ _____
+ TABLE B: NPMA DUES \$ _____
TOTAL AMOUNT DUE \$ _____

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

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

CARD NUMBER _____
EXPIRATION DATE _____ SECURITY CODE _____
CARDHOLDER NAME _____
SIGNATURE _____

MPMA Membership Pledge

If elected to membership, I agree to comply with the Code of Ethics and other policies of the Minnesota Pest Management Association. I understand that membership does not become effective until this application is accepted by the Board of Directors of the Association.

SIGNATURE _____ TITLE _____ DATE _____

Questions? Please contact Mike Fresvik with MPMA at 651-402-8837 / minnpest@gmail.com / www.minnpest.org or Alison Lindley with NPMA at 703-352-6762 / alindley@pestworld.org / www.nmapestworld.org

THANK YOU FOR YOUR SUPPORT!

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.