

FIRM		LICENSE NO.
CONTACT NAME		TITLE
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE	FAX	
E-MAIL	WEBSITE	
REFERRED BY	YEARS IN BUSINESS	

**ALLIED/SUPPLIER\* MEMBERSHIP DUES**

Select the appropriate category and enter amount on Total Dues line.

\*Any company that provides a product or a service to the pest management industry.

Membership Category	Dues
Annual Sales: \$0 – \$1,000,000	\$867
Annual Sales: \$1,000,001 – \$5,000,000	\$1,155
Annual Sales: \$5,000,001 – \$10,000,000	\$2,888
Annual Sales: More than \$10,000,000	\$5,775

Total Dues (Amount Enclosed) \_\_\_\_\_

**PAYMENT INFORMATION**

Send the application and payment to:

National Pest Management Association  
10460 North Street  
Fairfax, VA 22030  
Fax: 703-352-3031  
Email: [alindley@pestworld.org](mailto:alindley@pestworld.org)

My check is enclosed: #

Please bill my: VISA MasterCard

CARD NUMBER	
EXPIRATION DATE	SECURITY CODE
CARDHOLDER NAME	
SIGNATURE	

**THANK YOU FOR YOUR SUPPORT!**

Questions? Contact Alison Lindley with NPMA at 703-352-6762 / [alindley@pestworld.org](mailto:alindley@pestworld.org)

[www.npmapestworld.org](http://www.npmapestworld.org)