



MEMBERSHIP APPLICATION
New Jersey
FOR NPMA/NJPMA JOINT MEMBERSHIP
for June 1, 2009 through May 31, 2010



Firm: _____

Contact/Title: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Co Email: _____ Ind Email: _____

Web: _____

Joint Membership Dues Breakdown:

Dues Class	Annual Sales Volume	NPMA Dues	State Dues	TOTAL DUES OWED
A	\$0-200,000	\$110	\$200	\$310
B	\$200,001-500,000	\$180	\$300	\$480
C	\$500,001-1,000,000	\$470	\$350	\$820
D	\$1,000,001-2,500,000	\$715	\$400	\$1,115
E	\$2,500,001-5,000,000	\$1,210	\$450	\$1,660
F	\$5,000,001-10,000,000	\$3,025	\$500	\$3,525
G	\$10,000,001-15,000,000	\$4,675	\$500	\$5,175
H	\$15,000,001-25,000,000	\$6,325	\$500	\$6,825
I	\$25,000,001-50,000,000	\$11,550	\$500	\$12,050
J	\$50,000,001-100,000,000	\$23,100	\$500	\$23,600
K	Over \$100,000,000	\$35,000	\$500	\$35,500

My total dues payment enclosed is: \$

- I would like to charge my dues: ___ Visa ___ Mastercard
 Account #: _____
 Expiration Date: _____ Security Code _____ (3-digit code)
 Signature: _____
- My dues check is enclosed. Check # _____

THANK YOU FOR YOUR SUPPORT!

Mail application and dues payment to:
National Pest Management Association
10460 North Street
Fairfax, VA 22030
or Fax to 703-352-3031