



Membership Dues Application

NEW MEXICO

**FOR NPMA/NMPMA JOINT MEMBERSHIP
for July 1, 2009 through June 30, 2010**



Firm: _____

Contact/Title: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____ **NMDA License #** _____

Phone: _____ **Fax:** _____ **Web site:** _____

Company E-mail: _____ **Ind E-mail:** _____

NPMA Dues Breakdown:

Dues Class	Annual Sales Volume	NPMA Dues
A	0-200,000	\$110
B	\$200,001-500,000	\$180
C	\$500,001-1,000,000	\$470
D	\$1,000,001-2,500,000	\$715
E	\$2,500,001-5,000,000	\$1,210
F	\$5,000,001-10,000,000	\$3,025
G	\$10,000,001-15,000,000	\$4,675
H	\$15,000,001-25,000,000	\$6,325
I	\$25,000,001-50,000,000	\$11,550
J	\$50,000,001-100,000,000	\$23,100
K	Over \$100,000,000	\$35,000

1. NPMA Dues \$ _____

New Mexico State Dues:

Cost...\$25 per licensed employee (\$150 max.)

Number of licensed employees _____ **X \$25**

2. NMPMA Dues \$ _____

Please list all licensed employees below:

- | | |
|-----------------|-----------------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please print additional names on the back.

My total dues payment enclosed is (line 1+ line 2): **3.** \$

- I would like to charge my dues: _____ Visa _____ Master Card
 Account #: _____
 Expiration Date: _____ Security Code: _____ (3-digits)
 Signature: _____
- My dues check is enclosed. Check # _____

THANK YOU FOR YOUR SUPPORT!

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