



MEMBERSHIP APPLICATION

New England

(MA, ME, NH, RI, VT)

**For NPMA and NEPMA Joint Membership
for July 1, 2009 through June 30, 2010**



Firm: _____

Contact/Title: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____ **Web site:** _____

Phone: _____ **Fax:** _____

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

A. STATE DUES:

Line A: \$ _____

Please choose the appropriate number of technicians and enter in line A.

- 1 to 3 licensed employees \$210
- 4 to 9 licensed employees \$350
- Ten or more licensed employees \$500

B. NPMA DUES:

Line B: \$ _____

Please choose your annual sales volume and enter amount in line B.

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

C. TOTAL DUES: Please add lines A and B and enter amount in line C. **Line C: \$** _____

I would like to charge my dues: _____ Visa _____ MasterCard _____ AMEX
Account #: _____ Expiration Date: _____

Signature: _____ Security Code _____ (3-digit code)

My dues check is enclosed. Check number _____

**Please send payment (make check payable to NEPMA)
along with this membership application to:**

New England Pest Management Association
53 Regional Drive, Suite 1
Concord, NH 03301

THANK YOU FOR YOUR SUPPORT!