



**TEXAS PEST CONTROL ASSOCIATION
&
NATIONAL PEST MANAGEMENT ASSOCIATION**



JOINT MEMBERSHIP APPLICATION

(Includes national, state and local dues. Membership is for twelve months)

Company name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Company voting member/contact: _____ Title: _____
 County: _____ Local chapter: _____
 Company E-mail: _____ Ind E-mail: _____ Web Site: _____
 Office #: _____ Fax: _____ Cell: _____

ACTIVE VOTING MEMBERSHIP

An active voting member is a **Pest Control Company** or a Non-Commercial Entity (hospital, school district, apartment, golf course, etc.) Annual dues are based on the scale below. This amount pays state, national and local chapter dues for twelve months from the date of joining. A subscription to *TPCA Magazine* is included.

# of licensees*	National, State & Local Dues	# of licensees	National, State & Local Dues	# of licensees	National, State & Local Dues
1	\$200	16-20	\$1000	111-120	\$4700
2	\$225	21-25	\$1500	121-130	\$5900
3	\$275	26-30	\$2000	131-140	\$7100
4	\$325	31-40	\$2500	141-150	\$8300
5	\$375	41-50	\$3000	151-160	\$9500
6	\$400	51-60	\$3100	161-170	\$10,700
7	\$550	61-70	\$3200	171-180	\$11,500
8	\$600	71-80	\$3300	181-190	\$12,000
9	\$625	81-90	\$3375	191+	\$12,500
10	\$650	91-100	\$3450		
11-15	\$725	101-110	\$3500		

*# of licensees = apprentices + technicians + certified applicators

ADDITIONAL CHAPTER MEMBERSHIPS

Members may belong to more than one chapter or may pay for additional individuals to belong to chapters in their local areas. Each additional chapter membership is \$35. If you are joining more than one chapter, please list the chapters on the reverse side. If you are paying for another individual to join a local chapter, please list person's name, information and the chapter name on the reverse side.
 Chapter Memberships: _____ @ \$35

ADDITIONAL SUBSCRIPTIONS

Members may purchase additional magazine subscriptions to be sent to their location or to other individuals at other locations for \$60 each. If for other locations, please list person's name and mailing information on the reverse side.
 Extra Subscriptions: _____ @ \$60

TOTAL DUE

[Members of TPCA are hereby notified that a portion of dues is not deductible as an ordinary and necessary business expense to the extent that TPCA engages in state lobbying. The non-deductible portion of dues for 2008 is estimated to be 30%.]

PAYMENT TOTAL DUE: \$ _____

Check # _____ **OR**

Please charge the total due to my _____ MasterCard/Visa _____ American Express _____ Discover

Card Number: _____ Exp Date: _____

Signature: _____ **Security Code** _____ **(3 digits) Date:** _____

FAX & E-MAIL AUTHORIZATION

I understand that by providing the fax number and/or e-mail address on behalf of the company specified above, I am authorized to and hereby consent for the company to receive faxes and/or e-mail sent by TPCA.

Signature: _____ **Date:** _____

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