



**MEMBERSHIP APPLICATION
WISCONSIN
FOR NPMA/WPCA JOINT MEMBERSHIP**



July 1, 2009 through June 30, 2010

Firm: _____

Contact/Title: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____

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

Web site: _____

Joint Membership Dues Breakdown:

Annual Sales Volume	NPMA Dues	State Dues	TOTAL DUES OWED
\$0-200,000	\$110	\$75	\$185
\$200,001-500,000	\$180	\$75	\$255
\$500,001-1,000,000	\$470	\$75	\$545
\$1,000,001-2,500,000	\$715	\$75	\$790
\$2,500,001-5,000,000	\$1,210	\$75	\$1,285
\$5,000,001-10,000,000	\$3,025	\$75	\$3,100
\$10,000,001-15,000,000	\$4,675	\$75	\$4,750
\$15,000,001-25,000,000	\$6,325	\$75	\$6,400
\$25,000,001-50,000,000	\$11,550	\$75	\$11,625
\$50,000,001-100,000,000	\$23,100	\$75	\$23,175
Over \$100,000,000	\$35,000	\$75	\$35,075

My total dues payment enclosed is: \$

I would like to charge my dues: ___ Visa ___ MasterCard ___ Amex
 Account #: _____
 Expiration Date: _____ Security Code _____ (3-digit code)
 Signature: _____

My dues check is enclosed. Check # _____

THANK YOU FOR YOUR SUPPORT!

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