



Membership Application KENTUCKY



FOR NPMA/KPMA JOINT MEMBERSHIP
for July 1, 2011 through June 30, 2012

Firm: _____ LPCO# _____

Contact/Title: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____ Web site: _____

Phone: _____ Fax: _____

Company E-Mail: _____ Ind E-Mail: _____

Joint Membership Dues Breakdown:

Dues Class	Annual Sales Volume	NPMA Dues	State Dues	TOTAL DUES OWED
A	\$0-200,000	\$110	\$100	\$210
B	\$200,001-500,000	\$180	\$100	\$280
C	\$500,001-1,000,000	\$470	\$100	\$570
D	\$1,000,001-2,500,000	\$715	\$100	\$815
E	\$2,500,001-5,000,000	\$1,210	\$100	\$1,310
F	\$5,000,001-10,000,000	\$3,025	\$100	\$3,125
G	\$10,000,001-15,000,000	\$4,675	\$100	\$4,775
H	\$15,000,001-25,000,000	\$6,325	\$100	\$6,425
I	\$25,000,001-50,000,000	\$11,550	\$100	\$11,650
J	\$50,000,001-100,000,000	\$23,100	\$100	\$23,200
K	Over \$100,000,000	\$35,000	\$100	\$35,100



Dues Amount for 2011-2012 \$ _____

My check is enclosed. Check number _____

I wish to pay by Credit Card Visa MC # _____ Exp Date _____

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

PLEASE READ BEFORE SIGNING:

Non-member advertising as an Associate member of the use of the Association seal or logo is strictly prohibited and may disqualify participation with the association. Membership within the KPMA & NPMA is not effective until officially notified by KPMA.

On behalf of the Company, (and its Officers & Employees) I, the Member Representative, hereby solemnly pledge that as a member we will comply with the Constitution, by-Laws, Code of Ethics, and policies of the Kentucky Pest Management Association (KPMA) and the National Pest Management Association (NPMA) (if applicable).

Member Representative Signature _____ Date _____

Thank you for your support!

Please mail application & payment to:
Kentucky Pest Management Association
PO Box 33054
Louisville, KY 40232-3054
or Fax to 502-456-9760

Questions? Contact Tamra Bright Wasylyna at 502-452-9600/ brightpest@aol.com
or NPMA at 703-352-6762.