



MEMBERSHIP APPLICATION
Washington State
FOR NPMA/WSPMA JOINT MEMBERSHIP
for July 1, 2011 through June 30, 2012



Firm: _____

Contact/Title: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____ **Co E-Mail** _____

Ind Email: _____ **Web Site:** _____

A. Joint Membership Dues Breakdown:

Annual Sales Volume	NPMA Dues	State Dues	TOTAL DUES OWED
\$0-200,000	\$110	\$150	\$260
\$200,001-500,000	\$180	\$150	\$330
\$500,001-1,000,000	\$470	\$150	\$620
\$1,000,001-2,500,000	\$715	\$150	\$865
\$2,500,001-5,000,000	\$1,210	\$150	\$1,360
\$5,000,001-10,000,000	\$3,025	\$150	\$3,175
\$10,000,001-15,000,000	\$4,675	\$150	\$4,825
\$15,000,001-25,000,000	\$6,325	\$150	\$6,475
\$25,000,001-50,000,000	\$11,550	\$150	\$11,700
\$50,000,001-100,000,000	\$23,100	\$150	\$23,250
Over \$100,000,000	\$35,000	\$150	\$35,150

B. WSPMA Initiation Fee (one-time payment) \$100

My total dues payment (A + B) is enclosed: \$ _____

My dues check is enclosed. Check # _____

W.S.D.A. Applicator License or Consultant License # _____

Circle Services : *Gen Pest Control *Fumigation *Termite Control *Rodent Control
 *Product Sales *Weed Control *Bird Control *Ornamental *WDO Inspections *Structural Home Inspections *All Services

W.S.P.M.A. Membership Pledge:

This is to certify that I have thoroughly read and understand the CODE OF ETHICS and BYLAWS of the Washington State Pest Control Association and agree to abide by same.

I hereby agree that if accepted into membership, I pledge my support on behalf of myself and the firm I represent to comply fully with the intent and to do everything in my power to assist the association to meet the highest standards of ethical and professional conduct among members.

I further certify that I have the authority to represent my firm in membership and that I will endeavor to commit my entire firm to the principles which have been stated in the CODE OF ETHICS and in all other ways in the operation of our business that will bring credit to the pest control industry in Washington State.

 Signature of Responsible Manager or Principle Title Date

Mail application with dues payment to:
 Washington State Pest Management Association
 Mr. Tim Baker
 4600 Village Circle SE
 Olympia, WA 98501

Questions? Please contact Tim Baker with WSPMA 360-709-9309 / budrodent@aol.com or Liz Schell at NPMA 703-352-6762 / lschell@pestworld.org

THANK YOU FOR YOUR SUPPORT!