

ARKANSAS MEMBERSHIP FORM

NPMA and APMA Joint Membership **July 1, 2024 - June 30, 2025**

You may mail this form with payment to:

Arkansas Pest Management Association
PO Box 26243, Little Rock, AR 72221, Phone: 501.224.4840

FIRM _____ LICENSE NO. _____
 CONTACT NAME _____ TITLE _____
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 PHONE _____ E-MAIL _____ WEBSITE _____
 ANNUAL REVENUE _____ # OF EMPLOYEES _____ YEARS IN BUSINESS _____

Please select your dues class in **Table A** and **Table B** to determine your total membership amount due.

TABLE A: APMA DUES	
SINGLE RATE FOR ALL MEMBERS	
	\$150

TABLE B: NPMA DUES					
DUES CLASS	ANNUAL SALES VOLUME	NPMA DUES	DUES CLASS	ANNUAL SALES VOLUME	NPMA DUES
<input type="checkbox"/> A	\$0 – 499,999	\$195	<input type="checkbox"/> N	\$4.5M – 4.9M	\$2,170
<input type="checkbox"/> B	\$500,000 – 599,999	\$395	<input type="checkbox"/> O	\$5M – 5.9M	\$2,365
<input type="checkbox"/> C	\$600,000 – 699,999	\$475	<input type="checkbox"/> P	\$6M – 6.9M	\$2,760
<input type="checkbox"/> D	\$700,000 – 799,999	\$555	<input type="checkbox"/> Q	\$7M – 7.9M	\$3,150
<input type="checkbox"/> E	\$800,000 – 899,999	\$630	<input type="checkbox"/> R	\$8M – 8.9M	\$3,545
<input type="checkbox"/> F	\$900,000 – 999,999	\$710	<input type="checkbox"/> S	\$9M – 9.9M	\$3,940
<input type="checkbox"/> G	\$1M – 1.49M	\$790	<input type="checkbox"/> T	\$10M – 10.9M	\$4,335
<input type="checkbox"/> H	\$1.5M – 1.9M	\$985	<input type="checkbox"/> U	\$11M – 11.9M	\$4,725
<input type="checkbox"/> I	\$2M – 2.49M	\$1,185	<input type="checkbox"/> V	\$12M – 12.9M	\$5,120
<input type="checkbox"/> J	\$2.5M – 2.9M	\$1,385	<input type="checkbox"/> W	\$13M – 13.9M	\$5,515
<input type="checkbox"/> K	\$3M – 3.49M	\$1,575	<input type="checkbox"/> X	\$14M – 14.9M	\$5,910
<input type="checkbox"/> L	\$3.5M – 3.9M	\$1,775	<input type="checkbox"/> Y	\$15M – 19.9M	\$6,300
<input type="checkbox"/> M	\$4M – 4.49M	\$1,970	Over \$20M – Call NPMA		

PAYMENT INFORMATION:

TABLE A: APMA DUES	\$ _____
+ TABLE B: NPMA DUES	\$ _____
TOTAL AMOUNT DUE	\$ _____

MY CHECK IS ENCLOSED: # _____

PLEASE BILL MY VISA MASTER CARD AMEX

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

CARDHOLDER NAME _____

SIGNATURE _____

THANK YOU FOR YOUR SUPPORT!

QUESTIONS, please contact: APMA at 501.224.4840 | office@arkansaspest.org | www.arkansaspest.org