



MEMBERSHIP APPLICATION

Connecticut

For NPMA and CPCA Joint Membership for January 1, 2011 through December 31, 2011



Firm: _____

Contact/Title: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Fax: _____ Co. Email: _____

Ind Email: _____ Web Site: _____

A. NPMA DUES:

Line A: \$ _____

Please choose your annual sales volume and enter amount on line A.

| Annual Sales Volume | Annual Dues | Dues Class |
|----------------------------|-------------|------------|
| \$0-200,000 | \$110 | A |
| \$200,001-500,000 | \$180 | B |
| \$500,001-1,000,000 | \$470 | C |
| \$1,000,001-2,500,000 | \$715 | D |
| \$2,500,001-5,000,000 | \$1,210 | E |
| \$5,000,001-10,000,000 | \$3,025 | F |
| \$10,000,001-15,000,000 | \$4,675 | G |
| \$15,000,001-25,000,000 | \$6,325 | H |
| \$25,000,001-50,000,000 | \$11,550 | I |
| \$50,000,001-\$100,000,000 | \$23,100 | J |
| Over \$100,000,000 | \$35,000 | K |

B. CPCA DUES:

Line B: \$ 125

C. TOTAL DUES: Please add lines A and B and enter amount in line C. Line C: \$ _____

D. Payment: Check # _____ or Visa _____ MasterCard _____
(Check Payable to NPMA)

Credit Card # _____ Exp Date _____ Security Code _____ (3 digits)

I hereby apply for membership in the CPCA/NPMA and if accepted, agree to comply with the Constitution Code of Ethics and other policies of the Association. I understand that membership does not become effective until notified. I also understand that the use of the CPCA and NPMA logos prior to approval would disqualify my application.

SIGNATURE: _____ Date: _____

Please enclose the application with proper remittance to:

Connecticut Pest Control Association, Inc.

10460 North Street

Fairfax, VA 22030

Phone: 703-352-6768 Fax: 866-957-7378

For questions or concerns about your joint membership please contact
Heather Millette at CPCA at 860-274-9503/ mpcpest@aol.com or
Andy Architect at NPMA at 703-352-6762 / aarchitect@pestworld.org

Thank you for your support!