

# KANSAS PEST CONTROL ASSOCIATION

Mail to: PMB 126 – 2828 SW Arrowhead, Topeka, KS 66614-2447

## Joint KPCA & NPMA Membership Application

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date Firm Was Established \_\_\_\_\_ Business License # \_\_\_\_\_ Certified Applicator # \_\_\_\_\_

Does your company belong to any other state association?  Yes  No Which state? \_\_\_\_\_

Does your company currently belong to the National Pest Management Association?  Yes  No

Applying for:  Active,  Limited (non-voting),  Affiliated (2<sup>nd</sup> membership, same company) \$40.00/yr.

Allied Membership – (manufacturers, distributors, suppliers of services) KPCA dues only = \$160/year

Authorized representative (name & title): \_\_\_\_\_

(Please print or type)

Applicant's Signature \_\_\_\_\_

### Categories of Pest Control Engaged in – Applicators:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1. Agricultural PC<br><input type="checkbox"/> a. Agricultural Plant PC<br><input type="checkbox"/> b. Agricultural Animal PC<br><input type="checkbox"/> 2. Forest Pest Control<br><input type="checkbox"/> 3. Ornamental & Turf PC<br><input type="checkbox"/> a. Ornamental PC<br><input type="checkbox"/> b. Turf PC<br><input type="checkbox"/> 4. Seed Treatment<br><input type="checkbox"/> 5. Aquatic PC | <input type="checkbox"/> 6. Right-of-way PC<br><input type="checkbox"/> 7. Industrial, Institutional,<br>Structural & Health Related<br><input type="checkbox"/> a. Wood Destroying<br><input type="checkbox"/> b. Stored Products<br><input type="checkbox"/> c. Industrial Weed<br><input type="checkbox"/> d. Health Related PC<br><input type="checkbox"/> e. Structural PC | <input type="checkbox"/> 8. Public Health PC<br><input type="checkbox"/> 9. Regulatory PC<br><input type="checkbox"/> a. Noxious Weed Control<br><input type="checkbox"/> b. Regulated PC<br><input type="checkbox"/> 10. Demonstration & Research<br><br><input type="checkbox"/> <b>Allied Membership</b> |
|---|---|---|

Dues year is July 1 to June 30. Dues may be prorated by the number of months remaining

### Dues Schedule – Check Appropriate Category:

Pest Control Companies With Sales Volume of:	Annual Dues NPCA	Annual Dues KPCA	TOTAL DUES
<input type="checkbox"/> \$0 - \$200,000	\$ 110.00	\$ 160.00	\$ 270.00
<input type="checkbox"/> \$200,001 - \$500,000	\$ 180.00	\$ 160.00	\$ 340.00
<input type="checkbox"/> \$501,000 - \$1,000,000	\$ 470.00	\$ 160.00	\$ 630.00
<input type="checkbox"/> \$1,000,001 - \$2,500,000	\$ 715.00	\$ 160.00	\$ 875.00
<input type="checkbox"/> \$2,500,001 - \$5,000,000	\$ 1,210.00	\$ 160.00	\$1,370.00
<input type="checkbox"/> \$5,000,001 - \$10,000,000	\$3,025.00	\$ 160.00	\$3,185.00
<input type="checkbox"/> \$10,000,001 - \$15,000,000	\$ 4,675.00	\$ 160.00	\$4,835.00
<input type="checkbox"/> \$15,000,001 - \$25,000,000	\$6,325.00	\$ 160.00	\$6,485.00
<input type="checkbox"/> \$25,000,001 - \$50,000,000	\$11,550.00	\$ 160.00	\$11,710.00
<input type="checkbox"/> more than \$50,000,000	\$35,000.00	\$ 160.00	\$35,160.00

Sponsored by \_\_\_\_\_ (KPCA Member)

Charge my  American Express  Discover  MasterCard  VISA Credit Card

Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_