



West Virginia Pest Management Association

Membership Application

July 1, 2020 – June 30, 2021

Firm _____ License No. _____

Contact Name _____ Title _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-Mail _____ Website _____

Referred by _____

WVPMA Membership Dues

Select the appropriate category and enter amount on **Total Dues** line.

| | Membership Category | Dues |
|--------------------------|---------------------|-------|
| <input type="checkbox"/> | Allied Member | \$125 |
| <input type="checkbox"/> | Associate Member | \$125 |
| <input type="checkbox"/> | State Only | \$125 |

Total Dues (Amount Enclosed): _____

Payment Information

Send the application and payment made out to:

WVPMA

10460 North Street

Fairfax, VA 22030

Fax: 703-352-3031

Email: alindley@pestworld.org

Check is enclosed # _____

Please bill my : Visa

Mastercard

Card Number _____

Expiration Date _____ Security Code _____

Cardholder Name _____

Signature _____

Thank you for your support!

Questions? Please contact Alison Lindley at 703-352-6762 / alindley@pestworld.org

<http://wvpest.org/>