

Maryland & National Association Joint Membership Dues

1-800-237-1269
mspca@ipm4u.com
 Fed ID 52-1131956
 Type, print or write clearly

Company: _____

Address: _____

Zip: _____

Phone: _____ Fax: _____

Email: _____

Company Rep & Title: _____

Website: _____

**Add \$ _____ contribution for Political Action
Committee (PAC) to elected Legislators.**

2016-17 Dues Schedule for Maryland Members

The dues schedule *includes* Maryland Annual Dues of \$150.
 Companies headquartered outside of Maryland may join for only \$150.

**Please include check in the correct amount payable to
the Maryland State Pest Control Association or complete
Credit Card information and mail to:**

**MSPCA Joint Membership.
2619 Newton St., Silver Spring, MD 20902
\$35 returned check charge**

If elected to membership, I agree to comply with the Code
of Ethics, and other policies of the Maryland State and
National Pest Management Associations.

Signed _____

Add \$ _____ for Political Action Committee

Annual Sales	Full	Check Amount
\$0-200,000	\$260	
\$200,001-\$500,000	\$330	
\$500,001-\$1,000,000	\$620	
\$1,000,001-\$2,500,000	\$865	
\$2,500,001-\$5,000,000	\$1,360	
\$5,000,001-\$10 Million	\$3,175	
\$10,000,001-\$15 Million	\$4,825	
\$15,000,001-\$25 Million	\$6,475	
\$25,000,001-\$50 Million	\$11,700	

Maryland State Pest Control Association Individual Associate Membership

July 1, 2017 to June 30, 2018
 1-800-237-1269
mspca@ipm4u.com
 Fed ID 52-1131956

Individuals will receive Training
discounts & News Letters
Cost per person \$60.00

Name: _____

Home Address: _____

Zip: _____

Phone: _____ Fax: _____

Email: _____

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\$35 returned check charge**

If elected to Associate Membership, I agree to comply
with the Code of Ethics, and other policies of the Maryland
State Pest Control Association.

Signed _____

Add \$ _____ for Political Action Committee

Please use for Full or Associate Dues:

Name on Card: _____

Address of Card Holder: _____

Card # _____

VISA ___ **Master Card** ___ **Expires** _____ **Code** _____

Full Joint Membership _____ **Amount Charged** _____

Individual Associate Membership (\$60) _____

Receipts will be emailed, mailed, or Faxed