

ALABAMA PEST CONTROL ASSOCIATION  
MEMBERSHIP APPLICATION

The Undersigned hereby applies for membership (check one) in the *Alabama Pest Control Association*, a non-profit, voluntary membership trade association organized to work in behalf of the interest of the pest control operators in the State of Alabama.

Annual Dues Schedule

( ) Active Membership: \$150 annually

An Active Member is defined as engaged in the Pest Control Industry and licensed by the State of Alabama.

( ) Associate Membership:

An Associate Member is designed as any individual, firm or corporation engaged in an allied industry, such as suppliers, manufacturers, and consultants.

APPLICANT: \_\_\_\_\_  
BY: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONES: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_  
FAX: \_\_\_\_\_ CELL: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

Please place the following on the Association mailing list to receive all member communications, with the understanding that a \$25 annual charge is made to cover the cost of mailing to each additional representative from my firm:

1. Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Enclose your remittance in the appropriate amount (annual dues plus \$25 for each additional person on the mailing list), made payable and mailed to:

ALABAMA PEST CONTROL ASSOCIATION

404 Golf Drive, Birmingham, Al 35226  
(205) 823-5854 – 1-800-865-9582 – FAX (205) 823-5812