



Membership Application
Virginia Pest Management Association
FOR VPMA MEMBERSHIP
for July 1, 2026 through June 30, 2027

Allied Membership – Any person, firm, or corporation that manufactures or supplies products, equipment, and/or other materials or services to the pest management industry, shall be eligible for Allied membership.

Firm: _____

Contact/Title: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____ Web: _____

***VPMA Allied Dues:* \$ 250.00**

My check is enclosed. Check number _____

I would like to charge my payment to:

Name on Card: _____

Credit Card Number _____ Exp. Date _____ CVC Code: _____

Billing address for card: _____

Signature _____

Thank you for your support!

E-mail your application to: office@vpmaonline.com; or
Mail application with payment to: ***Virginia Pest Management Association***
PO Box 7161, Fredericksburg, VA 22404
Phone: 540/374-9200 Fax: 540/374-9221