



**Membership Application**  
*Virginia Pest Management Association*  
**FOR VPMA MEMBERSHIP**  
for July 1, 2016 through June 30, 2017

Firm: \_\_\_\_\_

Contact/Title: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Web: \_\_\_\_\_

***VPMA Allied Dues:***                    **\$ 175.00**

My check is enclosed. Check number \_\_\_\_\_

I would like to charge my payment to \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing address for card: \_\_\_\_\_

Signature \_\_\_\_\_

*Thank you for your support!*

Mail application with payment to: ***Virginia Pest Management Association***

PO Box 7161, Fredericksburg, VA 22404

Phone: 877/875-8722 Fax: 540/374-9221