



West Virginia Pest Management Association

Membership Application

July 1, 2023 – June 30, 2024

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 to:

West Virginia Pest Management Association

10460 North Street

Fairfax, VA 22030

Fax: 703-352-3031

- Check is enclosed # _____
- Please bill my : Visa Amex
- Mastercard

Card Number _____

Expiration Date _____ Security Code _____

Cardholder Name _____

Signature _____

Thank you for your support!

Questions or want to pay by ACH or wire transfer? Please contact Alison Lindley

at 703.352.6762 / alindley@pestworld.org

<http://wvpest.org/>