



NEBRASKA STATE-ONLY MEMBERSHIP FORM

Pest Control Companies based in Nebraska should use the Joint Membership Form.

January 1, 2025 – December 31, 2025

FIRM _____ LICENSE NO. _____

CONTACT NAME _____ TITLE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-MAIL _____ WEBSITE _____

ANNUAL REVENUE _____ # OF EMPLOYEES _____ YEARS IN BUSINESS _____

NSPCA MEMBERSHIP DUES

| | |
|--|-------|
| <input type="checkbox"/> Associate Member | \$144 |
| <input type="checkbox"/> State Only Member | \$173 |
| <input type="checkbox"/> Allied Member | \$317 |

Optional Contribution NSPCA Ward Combs Scholarship. \$ _____

TOTAL AMOUNT DUE \$ _____

PAYMENT INFORMATION:

Send this form and payment to:

Nebraska State Pest Control Association

10460 North Street

Fairfax, VA 22030

Fax: 703-352-3031

To pay by credit card, call 703.352.6762 9am-4:30pm ET,
or email a picture/scan of this form to npma@pestworld.org
to receive a click-to-pay invoice.

THANK YOU FOR YOUR SUPPORT!

QUESTIONS OR WISH TO PAY BY WIRE TRANSFER OR ACH? Please contact 703.352.6762

9am-4:30pm ET | nspca@pestworld.org | www.nspca.org