



# Georgia Pest Control Association Application for Membership

2034 Beaver Ruin Road  
Norcross, GA 30071  
(770) 417-1881  
(770) 417-1419 FAX

## GPCA Dues Schedule

### Active/Conditional See Below

Category	No. Reg Emp	Fee	Votes_Sub.
A	1 to 2	\$130	1
B	3 to 5	\$165	1
C	6 to 10	\$270	2
D	11 to 20	\$385	3
E	21 to 30	\$515	4
F	30 - up	\$625	4

### Individual Membership \$ 50

Membership in individuals name. Does not include ability to purchase forms, plaque or listing in membership book

### Allied \$220

Suppliers of material, services or equipment to the pest control industry.

If your company has been in business for less than 1 year you may apply for Conditional Membership. Approval for Conditional Membership bestows all privileges of the association except:

- ◆ Reference to membership in advertising is not permitted
- ◆ The official seal of the Association shall not be displayed nor its slogan employed.
- ◆ Shall not be entitled to vote or hold elective office.

Once you have been in business for more than one year, your membership will become a full active membership with all privileges

Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Zip Code \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Home or Cell (not for public use) ( ) \_\_\_\_\_

Authorized Representative \_\_\_\_\_

Title \_\_\_\_\_ No. of Registered Emp. \_\_\_\_\_

License # \_\_\_\_\_ Firm Established (Mo/Yr) \_\_\_\_\_

E Mail Address \_\_\_\_\_ FAX: \_\_\_\_\_

Referred By \_\_\_\_\_

Dues Amount from Chart on left \$ \_\_\_\_\_

Please check here if you wish to purchase a New Member Packet \$25.00

(New members packet includes: Membership Plaque, 5 each - WDO forms, Green Graphs, Blue Graphs, Rose Graphs, Form II's, Sanitation Reports & Universal Service Tickets. You will also receive a truck decal, GPCA Embroidered Patch and a soft copy of the Rules & Regulations)

Dues Amount \$ \_\_\_\_\_ + New Member Packet \$ \_\_\_\_\_ =TOTAL DUE \$ \_\_\_\_\_

Charge Account    Master Card    Visa    Discover    American Express

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address for Card \_\_\_\_\_ Billing Zip \_\_\_\_\_

## READ BEFORE SIGNING

If elected to membership, I agree to comply with the Code of Ethics, and other policies of the Association. I understand that membership does not become effective until notification is received from the Executive Director of the Association. Any materials ordered will be shipped at member rates until membership becomes effective.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Approved \_\_\_\_\_