



**Utah Pest Management Association**  
**Membership Application**  
**July 1, 2018 – June 30, 2019**

\_\_\_\_\_  
 Firm License No.

\_\_\_\_\_  
 Contact Name Title

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

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

\_\_\_\_\_  
 Phone Fax

\_\_\_\_\_  
 E-Mail Website

\_\_\_\_\_  
 Referred by

**Utah Membership Dues**

*Select the appropriate category and enter amount on **Total Dues** line.*

<input type="checkbox"/>	<b>Membership Category</b>	<b>Dues</b>
<input type="checkbox"/>	Allied Member	\$125
<input type="checkbox"/>	Associate Member	\$75
<input type="checkbox"/>	State Only	\$125

Total Dues (Amount Enclosed): \_\_\_\_\_

**Payment Information**

*Send the application and appropriate payment to:*

Utah Pest Management Association  
 10460 North Street  
 Fairfax, VA 22030  
 Fax: 703-352-3031  
 Email: [alindley@pestworld.org](mailto:alindley@pestworld.org)

- Check is enclosed # \_\_\_\_\_
- Please bill my :  Visa
- Mastercard

\_\_\_\_\_  
 Card Number

\_\_\_\_\_  
 Expiration Date Security Code

\_\_\_\_\_  
 Cardholder Name

\_\_\_\_\_  
 Signature

**Thank you for your support!**

**Questions?** Please contact Alison Lindley at 703-352-6762 / [alindley@pestworld.org](mailto:alindley@pestworld.org)