



NEW JERSEY PEST MANAGEMENT ASSOCIATION, INC.
A Non-Profit Organization of Members of the Industry

Phone (800) 524-9942 * Fax: (973) 992-5823

Email: njpcassoc@aol.com

Application for Active Membership

Firm Name: _____

Owner of Firm: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

E-mail Address: _____

I, _____, as _____
(Company Representative-please print) *(Title of Office)*

do hereby apply for Active Membership in the New Jersey Pest Management Association, Inc., and agree, if elected, to comply with the Constitution and By Laws, Code of Ethics and all duly adopted rules and regulations of the Association. I will represent our Company at meetings and other activities of the Association.

I understand that membership does not become effective until notification is received from the Membership Chairperson of the Association. I Understand that use of the Association seal or logo or claiming membership prior to approval would disqualify my application. **All applicants must submit a copy of a N.J. D.E.P. Business Registration and Commercial Applicator Registration (License.) along with payment of dues.** *(See reverse side for dues declaration form).*

D.E.P. Business Registration Number: _____

Commercial Applicator Registration Number: _____

NJPMA Sponsoring Member: _____

Signature: _____ Date: _____

Please return this completed application with your dues payment to:
New Jersey Pest Management Association (NJPMA)
P.O. Box 24, Livingston, NJ 07039