



**ARKANSAS
Pest Management
ASSOCIATION**

P.O. Box 26243
Little Rock, AR 72221
Ph. 501-224-4840
FAX: 501-224-0988
www.arkansaspest.org

APMA 2020/2021 Membership Form

Please complete the form below, enclose one check to APMA
Or PAY ONLINE, www.arkansaspest.org.

Dues must be included for NPMA in order to be an Active Arkansas Member

Firm Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Member's Name: _____ Title: _____

License #: _____ Email: _____

Newsletter Delivery Preference: _____ Mail _____ Email _____ Both

APMA AND NPMA DUES

Select your annual sales volume and enter the amount on Total Dues line.

Dues Class	Annual Sales Volume	NPMA Dues	APMA Dues	Total Dues
<input type="checkbox"/>	\$0 - \$400,000	\$185	\$125	\$310
<input type="checkbox"/>	\$400,001 - 500,000	\$375	\$125	\$500
<input type="checkbox"/>	\$500,001 - 600,000	\$450	\$125	\$575
<input type="checkbox"/>	\$600,001 - 700,000	\$525	\$125	\$650
<input type="checkbox"/>	\$700,001 - 800,000	\$600	\$125	\$725
<input type="checkbox"/>	\$800,001 - 900,000	\$675	\$125	\$800
<input type="checkbox"/>	\$900,001 - 1M	\$750	\$125	\$875
<input type="checkbox"/>	\$1,000,001 - \$1.5M	\$935	\$125	\$1,060
<input type="checkbox"/>	\$1,500,001 - 2M	\$1,125	\$125	\$1,250
<input type="checkbox"/>	\$2,000,001 - 2.5M	\$1,315	\$125	\$1,440
<input type="checkbox"/>	\$2,500,001 - 3M	\$1,500	\$125	\$1,625
<input type="checkbox"/>	\$3,000,001 - 3.5M	\$1,690	\$125	\$1,815
<input type="checkbox"/>	\$3,500,001 - 4M	\$1,875	\$125	\$2,000
<input type="checkbox"/>	\$4,000,001 - 4.5M	\$2,065	\$125	\$2,187
<input type="checkbox"/>	\$4,500,001 - 5M	\$2,250	\$125	\$2,375
<input type="checkbox"/>	\$5,000,001 - 6M	\$2,625	\$125	\$2,750
<input type="checkbox"/>	\$6,000,001 - 7M	\$3,000	\$125	\$3,125
	Over \$7M call APMA			
<input type="checkbox"/>	ALLIED MEMBER*		\$125	\$125

PAYMENT INFORMATION

Return form and payment to:

AR Pest Management Association
PO Box 26243
Little Rock, AR 72221
Email: office@arkansaspest.org

My check is enclosed: # _____

VISA MasterCard

CARD NUMBER

EXP DATE

SECURITY CODE

BILLING ADDRESS (IF DIFF FROM ABOVE)

*3% Credit Card Convenience Fee will apply

**Allied members are any person, firm or corporation not engaged in pest management service work, but which manufactures or supplies products, equipment, or other materials. Allied members do not have to pay national dues when paying Arkansas Dues.*

Thank you for your support!

Total Dues (Amount Enclosed): _____