



Regular Membership Application

Home District: _____

(Please see attached District Map to find your respective district)

Company Name: _____ Reg# _____

Company Owner(s): _____

Company Owner Email: _____

Designated Representative: _____ Lic# _____

Designated Representative Email: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

(if different from above)

City: _____ State: _____ Zip Code: _____

Company Phone: _____ Main Contact Phone: _____ Other Phone: _____

Billing Contact: _____

Billing Contact Email: _____

Website: _____

Services Offered: (check all the apply)

- General Pest Control
 Fumigation
 Lawn & Ornamentals
 Birds & Other Small Vertebrates
 Termite
 Bed Bugs
 Construction

Number of Full Time Licensed Employees: _____

I hereby apply for Membership in the CALOIFORNIA PEST MANAGEMENT ASSOCIATION, INC. and I agree to abide by the Constitution and By-laws of the Association.

Authorized Signature: _____ Date: _____

Charge Authorization (contact CAPMA office for online payment options)

To pay by credit card, complete and return the Authorization form below. Upon receipt, we'll process payment for your first quarter dues (1/4 of total dues) or monthly dues (1/12 of total dues), starting July 1. Payments will be automatically charged to your credit card on either the 1st of each month or at the start of each quarter (July 1, October 1, January 1, April 1).

Annual Dues: _____ + District Dues: \$75 + PAPCO Contribution: \$99 Check to opt out = Annual Total: _____

How would you like to pay your CAPMA Dues? Monthly Quarterly In Full Total Per Payment: _____

I authorize CAPMA to automatically charge my annual State and District Dues (and PAPCO, if applicable) in full or 4 or 12 equal installments to the credit card below. Charges will be processed on or after July 1, October 1, January 1, and April 1, or the 1st of each month. If any charge is declined, my membership will be suspended.

Card Number: _____ Expiration Date: _____

Name on Card: _____ Security Code: _____

Billing Address: _____

Authorized Signature: _____

Printed Name: _____ Date: _____

If paying by check (annual payment only), please make checks out to CAPMA and mail to: 1510 J Street, Sacramento, CA 95814



California Pest Management Association

Regular membership is open to registered firms and their employees actively engaged in Pest Management, with the firm in good standing with the Structural Pest Control Board. The firm must designate one representative, known as the regular member, who will have full voting privileges.

CAPMA membership dues include both state and district dues. Invoices will reflect these required dues, along with an optional \$99 PAPCO contribution, which can be removed upon request.

Regular Membership dues are based on total licensed employees working in California. CAPMA Membership dues are as follows:

# of Licensed Employees	Dues Amount	Monthly Amount	Quarterly Amount
1-2	\$450	\$38	\$113
3-4	\$525	\$44	\$131
5-6	\$600	\$50	\$150
7-8	\$750	\$63	\$188
9-10	\$850	\$71	\$213
11-15	\$950	\$79	\$238
16-20	\$1055	\$88	\$264
21-25	\$1150	\$96	\$288
26-30	\$1325	\$110	\$331
31-35	\$1450	\$121	\$363
36-40	\$1525	\$127	\$381
41-45	\$1600	\$133	\$400
46-50	\$1675	\$140	\$419
51-60	\$1800	\$150	\$450
61-70	\$2300	\$192	\$575
71-80	\$2800	\$233	\$700
81-90	\$3300	\$275	\$825
91-100	\$3840	\$320	\$960
101-125	\$4490	\$374	\$1,123
126-150	\$5140	\$428	\$1,285
151-200	\$5790	\$483	\$1,448
201-250	\$6440	\$537	\$1,610
251-300	\$7090	\$591	\$1,773
301-350	\$7825	\$652	\$1,956
OVER 350 - CALL 916-372-4363 OR EMAIL INFO@CAPMA.ORG			



Districts

- 1 Shasta
- 2 Vintage Coastal
- 3 Big Valley
- 4 Diablo Valley
- 5 Bay Area
- 6 Silicon Valley
- 7 Monterey Bay Area
- 8 Central Coast
- 9 Ventura
- 10 Los Angeles/South Bay
- 11 Orange County
- 12 San Diego
- 13 Coachella
- 14 San Bernardino/Riverside
- 15 San Gabriel Valley
- 16 San Fernando Valley
- 17 Southern Valley
- 18 Central Valley
- 19 Mid Cal



**California
Pest
Management
Association**