



**ALLIED Membership Application
ARIZONA**

Today's Date _____

Name _____ Nickname _____

Company _____

Mailing Address _____

City _____ State _____ Zip + 4 _____

County _____ Phone _____ Fax _____ Email _____

Please note: most correspondence is through e-mail. To ensure you receive timely information, please provide at least one e-mail address. I was referred by _____

Type of Business: (to be used in AZPPO Directory for members to locate suppliers of goods or services.)

- Attorney Consultant Manufacturer Automotive
- Distributor Uniforms Business Services Equipment & Customizing
- Insurance Other: _____

ALLIED DUES SCHEDULE — Please Circle Appropriate Category

Allied Membership July 1, 2017 through June 30, 2018 ALLIED MEMBER: Supplier of goods and/or services to the pest control industry. May serve on committees, attend Organization meetings, conventions, conferences, educational and social events.	\$399.00
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OPTIONAL ALLIED DUES

BRANCH OFFICE(S): In addition to the base fee, a firm may at its option register additional branches or separate offices for mailing privileges at \$79.00 each. Attach a list of ALL offices and branches listing contact person, company name, address, telephone, fax and e-mail. Plus # _____ of Branch Offices @ \$79 ea Legislative Fund Scholarship Contribution Industry Defense Fund Contribution	\$ _____ \$ _____ \$ _____ \$ _____
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TOTAL ALLIED DUES	\$ _____
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My check is enclosed. Check number _____
 I would like to charge my payment to: VISA _____ Mastercard _____ American Express _____
 Credit Card Number _____ Exp. Date _____
 Signature _____ Security Code _____ (3 digits)

I would like to join other Arizona Pest Professional Organization members and I agree to adhere to the Organization's Code of Ethics. I understand that membership is not effective until official notification.

Signature _____ Thank you for your support!

Mail application with dues payment to: AzPPO PO Box 13116 Phoenix, AZ 85002 or Fax to 602-712-1252	You may also pay online through our website: www.azppo.org Questions? Contact Tracy Unmacht at AzPPPO 602-712-1121 ext.4 or azppo@azcapitolconsulting.com
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