



**Connecticut Pest Control Association**  
**Membership Application**  
**July 1, 2020 – June 30, 2021**

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

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

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

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

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

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

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

**Connecticut Membership Dues**

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

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

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

**Payment Information**

Send the application and appropriate payment to:

**Connecticut Pest Control 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  MC  Amex

**Thank you for your support!**

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

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

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

\_\_\_\_\_  
Signature

**Questions?** Please contact Alison Lindley at 800-678-6722 / [alindley@pestworld.org](mailto:alindley@pestworld.org)  
<http://www.ctpcaonline.org/>