



For NPMA/ SCPCA Dues Renewal

Period covered is July 1 through June 30

Firm: _____

Contact/ Title: _____

Mailing Address: _____

Street Address: _____

City/ State/ Zip: _____ **Email:** _____

Phone: _____ **Fax:** _____

Web address: _____

Joint Membership Renewal Dues *(including a 10% increase by NPMA)*

| Annual Sales Volume | Total Dues Owed |
|-------------------------|-----------------|
| Less than \$200,000 | \$270 |
| \$200,001-500,000 | \$357 |
| \$500,001- 1,000,000 | \$693 |
| \$1,000,001- 2,500,000 | \$990 |
| \$2,500,001- 5,000,000 | \$1575 |
| \$5,000,001- 10,000,000 | \$3775 |

Out of state, allied or institutional dues are \$220.

My total dues payment is enclosed \$ _____

_____ I would like to charge my dues: _____ VISA _____ MASTERCARD

Account #: _____

Expiration date: _____ Signature: _____

_____ My dues check is enclosed. Check # _____

Renewal dues should be returned to Fred Cliff, Executive Director at the address below:

The South Carolina Pest Control Association, P.O. Box 24768, Columbia, SC 29224

fcliff@sc.rr.com 803-920-7968 (phone) 803-736-6237 (fax)