



MEMBERSHIP APPLICATION

* PLEASE PRINT OR TYPE THE REQUESTED INFORMATION *

REFERRED BY: _____

MY MEMBERSHIP WILL BE IN THE _____ DISTRICT

(PLEASE SEE ATTACHED DISTRICT MAP TO FIND YOUR RESPECTIVE DISTRICT)

COMPANY NAME: _____ REG# _____

COMPANY OWNER(S): _____

DESIGNATED REPRESENTATIVE: _____ LIC#: _____

PHYSICAL ADDRESS: _____

COMMERCIAL RESIDENTIAL CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ TOLL-FREE: _____ FAX: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

COMMERCIAL RESIDENTIAL CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ WEBSITE: _____

MEMBER TYPE: REGULAR SUPPLEMENTAL

MEMBER TYPE: AFFILIATE SUPPLEMENTAL AFFILIATE

PEST CONTROL OPERATOR SERVICES OFFERED (CHECK ALL THAT APPLY):

AFFILIATE SERVICES OFFERED (CHECK ALL THAT APPLY):

- GENERAL PEST CONTROL
- TERMITE
- CONSTRUCTION
- BIRDS & OTHER SMALL VERTEBRATES
- FUMIGATION
- BED BUGS
- LAWN & ORNAMENTS

- EDUCATION/TRAINING
- BUSINESS MANAGEMENT SERVICES & PRODUCTS
- CHEMICALS/PEST CONTROL PRODUCTS
- BUILDING/CONSTRUCTION
- FINANCIAL & INSURANCE
- HEALTH CARE SERVICES
- LEGAL SERVICES
- EQUIPMENT/VEHICLES

NUMBER OF EMPLOYEES: _____

THE MEMBERSHIP OF THIS ASSOCIATION SHALL CONSIST OF THE QUALIFIED AND ACTING MEMBERS OF THE PCOC DISTRICT ASSOCIATIONS DULY ORGANIZED AND CHARTERED UNDER THE PROVISION OF THE BY-LAWS OF THE PEST CONTROL OPERATORS OF CALIFORNIA INC. ANY COMPANY THAT IS REGISTERED TO PRACTICE PEST CONTROL IN THE STATE OF CALIFORNIA, OR THAT IS ENGAGED IN THE MANUFACTURER OR DISTRIBUTION OF ALLIED PRODUCTS OR SERVICES, OR PERSON OR GROUP, WHO WISHES TO AFFILIATE FOR THE PURPOSE OF EXCHANGING INFORMATION OR COORDINATING ACTION, IS ELIGIBLE FOR MEMBERSHIP IN A PCOC DISTRICT AND THE STATE ASSOCIATION.

I HEREBY APPLY FOR MEMBERSHIP IN THE PEST CONTROL OPERATORS OF CALIFORNIA, INC. AND I AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE ASSOCIATION.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

MEMBERSHIP DUES

**INCLUDES STATE DUES, DISTRICT DUES AND A VOLUNTARY PAPCO CONTRIBUTION

REGULAR MEMBERSHIP

CLASSIFICATION IS LIMITED TO REGISTERED FIRMS AND THEIR EMPLOYEES ACTIVELY ENGAGED IN THE PRACTICE OF PEST CONTROL. THE REGISTERED FIRM SHALL BE A MEMBER IN GOOD STANDING WITH THE STRUCTURAL PEST CONTROL BOARD. A REGISTERED FIRM SHALL DESIGNATE ONE PERSON TO BE ITS REPRESENTATIVE, WHO SHALL BE CLASSIFIED AS THE REGULAR MEMBER. THIS PERSON SHALL HAVE FULL VOTING PRIVILEGES.

FIRST YEAR INTRODUCTORY RATE (ONLY APPLIES TO THESE EMPLOYEE COUNTS)	
1 - 2 EMPLOYEES	\$248
3 - 5 EMPLOYEES	\$276

AFTER INTRODUCTORY RATE			
# OF EMPLOYEES	DUES AMOUNT	# OF EMPLOYEES	DUES AMOUNT
1-2	\$362	21-50	\$943
3-5	\$394	51-90	\$1,624
6-10	\$662	91-299	\$3,365
11-20	\$688	300+	\$6,419

SUPPLEMENTAL MEMBERSHIP

A SUPPLEMENTARY MEMBER IS AN ADDITIONAL LICENSEE IN A FIRM ALREADY A REGULAR MEMBER. IF MORE THAN ONE PERSON FROM ANY FIRM WISHES TO BECOME A MEMBER, SUCH MEMBER SHALL BE LICENSED AND SHALL BE CLASSIFIED AS A SUPPLEMENTARY MEMBER. THIS PERSON SHALL DESIGNATE THE DISTRICT IN WHICH THEY SHALL BE A MEMBER. THEY SHALL HAVE FULL VOTING PRIVILEGES, PROVIDING THAT BOTH THEY AND THE REGULAR MEMBER REPRESENTING THE MEMBER FIRM ARE MEMBERS IN GOOD STANDING IN THE DISTRICT(S) IN WHICH THEY ARE LOCATED.

\$116.00

AFFILIATE MEMBERSHIP

AN AFFILIATE MEMBER IS A FIRM THAT IS ENGAGED IN THE MANUFACTURER OR DISTRIBUTION OF ALLIED CHEMICAL PRODUCTS, SUPPLIES OR SERVICES; PEST CONTROL FIRMS DOING BUSINESS SOLELY OUTSIDE THE STATE OF CALIFORNIA; ASSOCIATIONS GROUPS OR INDIVIDUALS WHO WISH TO AFFILIATE FOR THE PURPOSE OF EXCHANGING INFORMATION OR COORDINATING ACTION. SUCH MEMBERSHIP SHALL CARRY NO VOTING PRIVILEGES.

\$399.00

SUPPLEMENTAL AFFILIATE MEMBERSHIP

IF MORE THAN ONE PERSON FROM ANY AFFILIATE MEMBER FIRM, ASSOCIATION, OR GROUP, WISHES TO BECOME A MEMBER, SUCH MEMBER SHALL BE CLASSIFIED AS A SUPPLEMENTARY AFFILIATE MEMBER. SUCH MEMBER SHALL HAVE THE SAME RIGHTS AND PRIVILEGES AS AN AFFILIATE MEMBER. SUCH MEMBERSHIP SHALL CARRY NO VOTING PRIVILEGES.

\$75.00

RETIREE

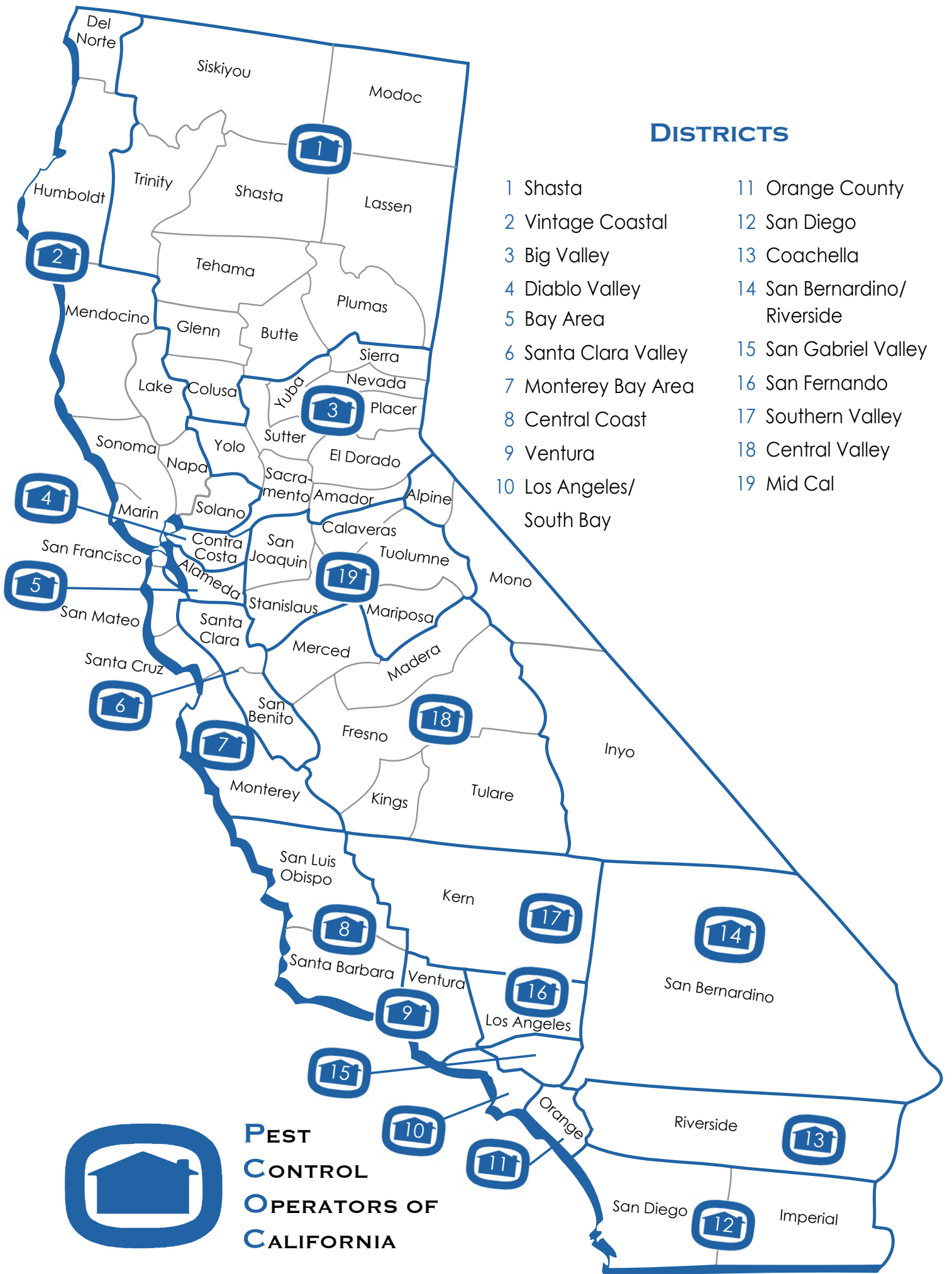
RETIREE MEMBERSHIP IS FOR MEMBERS WHO WERE ACTIVE IN PCOC WHEN THEY RETIRED. THE TOTAL COST IS \$61.00 PER YEAR. SPCB LICENSE SHOULD BE INACTIVE AND SUCH MEMBERSHIP SHALL HAVE FULL VOTING PRIVILEGES.

\$61.00

NO
DISTRICT
DUES

DISTRICT DUES

DISTRICT	REGULAR	SUPPLEMENTAL	AFFILIATE	DISTRICT	REGULAR	SUPPLEMENTAL	AFFILIATE
BAY AREA	\$75	\$50	\$50	SAN BERNARDINO/ RIVERSIDE	\$75	\$50	\$75
BIG VALLEY	\$75	\$50	\$50	SAN DIEGO	\$100	\$60	\$85
CENTRAL COAST	\$35	-0-	\$35	SAN FERNANDO VALLEY	\$75	\$75	\$75
CENTRAL VALLEY	\$100	\$50	\$50	SAN GABRIEL VALLEY	\$75	\$25	\$25
COACHELLA	\$100	\$50	\$50	SANTA CLARA VALLEY	\$100	\$100	\$100
DIABLO VALLEY	\$100	\$100	\$100	SHASTA	\$75	\$50	\$50
LA/SOUTH BAY HARBOR	\$95	\$75	\$75	SOUTHERN VALLEY	\$100	\$35	-0-
MID-CAL	\$60	\$60	\$60	VENTURA	\$35	\$35	-0-
MONTEREY BAY AREA	\$100	\$40	\$40	VINTAGE COASTAL	\$100	\$100	\$60
ORANGE COUNTY	\$100	\$50	\$50				



PAY YOUR MEMBERSHIP DUES MONTHLY, QUARTERLY OR IN FULL BY CREDIT CARD!

HOW? Complete and return the Authorization form below and we will do the rest. Upon receipt of the form, we will use your credit card to automatically process payment.

If you are beginning or renewing your membership at the first of our membership year which begins July 1, we will set up the monthly or quarterly payments to begin July 1. The card will be processed the first of each month or quarter after that.

If you are joining PCOC in the middle of the year, we will process the credit card for the month or quarter you join and have the card automatically process the first of each month or quarter after that.

There will be a \$5 processing fee for quarterly payments or a \$2.50 processing fee for monthly payments. There is no processing fee for paying your dues in full.

That's all there is to it. Just circle whether you would like payment monthly, quarterly or in full.

Circle frequency of payment desired: Monthly Quarterly In Full

CHARGE AUTHORIZATION

This is authorization for PCOC to automatically charge my membership dues on a monthly or quarterly basis to the Visa, MasterCard or American Express identified below. The charges will be made on the first of each month or quarter. I understand that if the card issuer declines any of these automatic charges, my membership will be suspended. I agree to pay my membership dues according to the card issuer agreement. I authorize my membership dues to be processed each month, quarter or in full for \$_____.

Please Circle the credit card used: Visa MasterCard American Express

Card No.: _____ Expiration Date: _____

Name on Card: _____ Company Name: _____

Security Code (3 digits on back): _____ Member No.: _____

Billing Address for card: _____ Billing Zip: _____

Authorized Signature: _____ Date: _____

Printed Name: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.