



AFFILIATE COMPANY MEMBERSHIP APPLICATION
* PLEASE PRINT OR TYPE *

STAFF USE

MEMBER COMPANY ID: _____ INDIVIDUAL ID: _____

Referred by: _____

My membership will be in the _____ District
(Please see attached District Map to find your respective district)

Company Name: _____

Designated Representative: _____

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 (see reverse for member type explanation): Affiliate Supplemental Affiliate

Services or Products Offered (Check ALL that apply):

- | | |
|--|---|
| <input type="checkbox"/> Chemicals/Pest Control Products | <input type="checkbox"/> Financial/Insurance |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Building/Construction | <input type="checkbox"/> Equipment/Vehicles |
| <input type="checkbox"/> Business Management Services/Products | <input type="checkbox"/> Health Care Services |

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 TYPES and DUES

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.
Invoices Include: State dues (required) + district dues (required) + voluntary \$99 PAPCO Contribution (can be removed)

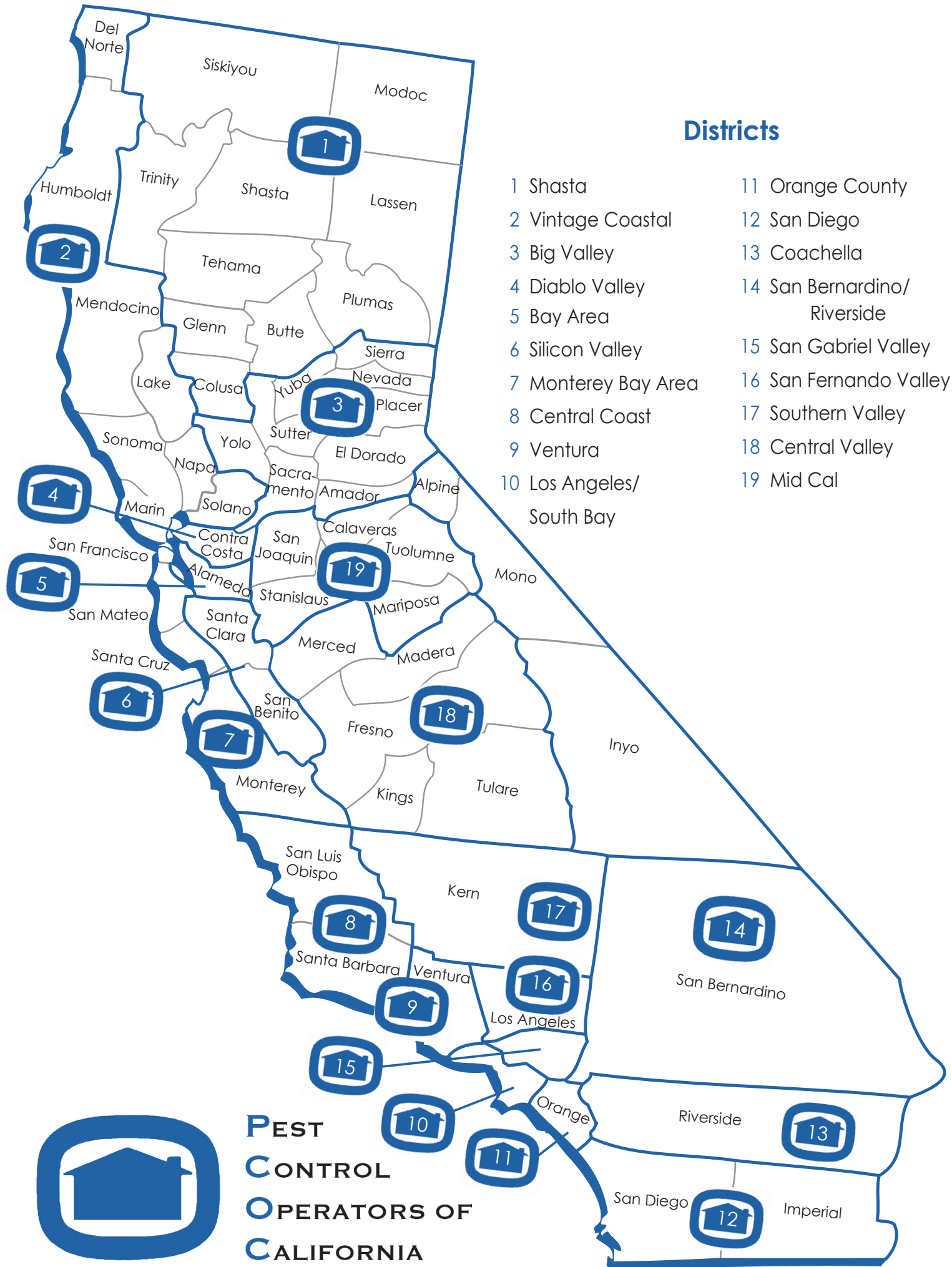
\$425

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.
Invoices Include: State dues (required) + district dues (required) + voluntary \$99 PAPCO Contribution (can be removed)

\$85

DISTRICT DUES *REQUIRED (See attached map to find district)			
District	Affiliate \ Supplemental	District	Affiliate \ Supplemental
Bay Area	\$50	San Bernardino/Riverside	\$75
Big Valley	\$50	San Diego	\$85
Central Coast	\$35	San Fernando Valley	\$75
Central Valley	\$50	San Gabriel Valley	\$25
Coachella	\$50	Shasta	\$50
Diablo Valley	\$100	Silicon Valley	\$100
LA/South Bay Harbor	\$75	Southern Valley	- 0 -
Mid-Cal	\$60	Ventura	- 0 -
Monterey Bay Area	\$40	Vintage Coastal	\$60
Orange County	\$50		



How would you like to pay your PCOC Dues?

(circle one)

Monthly

Quarterly

In Full (contact PCOC for Online payment options)

If paying by credit card, complete and return the Authorization form below and we will do the rest. If you have participated in our credit card program in prior years, you **MUST** renew your annual Authorization Form each year. Upon receipt of the form below, we will use your credit card to process payment for the first quarter dues beginning July 1. For example, if your State Dues was \$450 and District Dues was \$75, we would process payment of \$131.25 or the equivalent of **1/4** of the total dues billed. Or if you choose monthly, we would process a payment of \$43.75 or the equivalent of **1/12** of the total dues.

HOW OFTEN? At the beginning of each new quarter or each month (whichever you choose), we will automatically charge your American Express, Discover, Visa or Mastercard for **1/4** or **1/12** of your annual dues. Payments will be processed on July 1, October 1, January 1, and April 1 for quarterly OR the 1st of each month, if you choose monthly.

CHARGE AUTHORIZATION

This is authorization for PCOC to automatically charge my annual State and District Dues (and PAPCO if applicable) in four (4), or twelve (12), equal installments to the credit card identified below. The charges will be made on, or on the next business day after, July 1, October 1, January 1, and April 1, or the first of each month. I understand that if the card issuer declines any of these automatic charges, my membership will be suspended. I agree to pay my annual dues according to the card issuer agreement. I authorize my State and District Dues of \$_____ (total dues) to be processed in four (4) OR twelve (12) equal charges of \$_____.

Card Number: _____ Expiration Date: _____

Name on Card: _____ Company Name: _____

Security Code (3 digits on back or 4 digits on front) ____ Member ID: _____

Billing Address for card _____ Billing Zip _____

Authorized Signature: _____

Printed Name: _____ Date: _____

If paying by check, please make checks out to **PCOC** and mail to:
1510 J Street, Suite 230, Sacramento, CA 95814