



PEST CONTROL 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: _____ **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 (see reverse for member type explanation): Regular Supplemental

Services Offered (Check ALL that apply):

- | | |
|--|---|
| <input type="checkbox"/> General Pest Control | <input type="checkbox"/> Fumigation |
| <input type="checkbox"/> Termite | <input type="checkbox"/> Bed Bugs |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Lawn & Ornaments |
| <input type="checkbox"/> Birds & other small vertebrates | |

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 TYPES and DUES

REGULAR MEMBERSHIP (PRICES BELOW IN CHART)

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

REGULAR MEMBER STATE DUES *REQUIRED					
# of Employees	Dues Amount	# of Employees	Dues Amount	# of Employees	Dues Amount
1 - 2	\$375	81 - 90	\$3,225	1251 - 1500	\$16,500
3 - 4	\$ 450	91 - 100	\$3,765	1501 - 1750	\$18,000
5 - 6	\$525	101 - 125	\$4,415	1751 - 2000	\$19,500
7 - 8	\$675	126 - 150	\$ 5,065	2001 - 2250	\$21,000
9 - 10	\$ 775	151 - 200	\$5,715	2251 - 2500	\$22,500
11 - 15	\$ 875	201 - 250	\$6,365	2501 - 2750	\$24,000
16 - 20	\$980	251 - 300	\$7,015	2751 - 3000	\$25,500
21 - 25	\$ 1,075	301 - 350	\$ 7,750	3001 - 3250	\$27,000
26 - 30	\$1,250	351 - 399	\$ 8,500	3251 - 3500	\$28,500
31 - 35	\$1,375	400 - 499	\$9,500	3501 - 3750	\$30,000
36 - 40	\$1,450	500 - 599	\$10,500	3751 - 4000	\$31,500
41 - 45	\$1,525	600 - 699	\$11,500	4001 - 4250	\$33,000
46 - 50	\$1,600	700 - 799	\$12,500	4251 - 4500	\$34,500
51 - 60	\$1,725	800 - 899	\$13,500	4501 - 4750	\$36,000
61-70	\$2,225	900 - 999	\$14,500	4751 - 5000	\$37,500
71-80	\$2,725	1000 - 1250	\$15,500	5000+	Upon request

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.

\$125.00
(Supp. State
Dues Required)

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

RETIREE

Retiree membership is for members who were active in PCOC when they retired. SPCB license should be inactive and such membership shall have full voting privileges.

\$50.00
Ret. State Dues
Required) no
district dues

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

DISTRICT DUES *REQUIRED					
(See attached map to find district)					
District	Regular	Supplemental	District	Regular	Supplemental
Bay Area	\$75	\$50	San Bernardino/ Riverside	\$75	\$50
Big Valley	\$75	\$50	San Diego	\$100	\$60
Central Coast	\$35	- 0 -	San Fernando Valley	\$75	\$75
Central Valley	\$100	\$50	San Gabriel Valley	\$75	\$25
Coachella	\$100	\$50	Santa Clara Valley	\$100	\$100
Diablo Valley	\$100	\$100	Shasta	\$75	\$50
LA/South Bay Harbor	\$95	\$75	Southern Valley	\$100	\$35
Mid-Cal	\$60	\$60	Ventura	\$35	\$35
Monterey Bay Area	\$100	\$40	Vintage Coastal	\$100	\$100
Orange County	\$100	\$50			



**PEST
CONTROL
OPERATORS OF
CALIFORNIA**

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, Sacramento, CA 95814