



**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):

- General Pest Control
- Termite
- Construction
- Birds & other small vertebrates
- Fumigation
- Bed Bugs
- Lawn & Ornaments

**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)**

<b>REGULAR MEMBER STATE DUES *REQUIRED</b>					
<b># of Employees</b>	<b>Dues Amount</b>	<b># of Employees</b>	<b>Dues Amount</b>	<b># of Employees</b>	<b>Dues Amount</b>
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.

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

\$125.00  
(Supp. State  
Dues Required)

## 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.

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

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

<b>DISTRICT DUES *REQUIRED</b>					
(See attached map to find district)					
<b>District</b>	<b>Regular</b>	<b>Supplemental</b>	<b>District</b>	<b>Regular</b>	<b>Supplemental</b>
Bay Area	\$75	\$50	San Bernardino/ Riverside	\$75	\$50
Big Valley	\$75	\$50	San Diego	\$100	\$60
Central Coast	\$75	- 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