



# MICHIGAN PEST MANAGEMENT ASSOCIATION

## Allied Member Application

<b>Company Name:</b>
<b>Representative:</b>
<b>Address:</b>
<b>E-mail Address:</b>
<b>Phone Number:</b>
<b>Michigan Restricted Use Dealer License #:</b>

<b>2023-2024 MPMA ALLIED MEMBERSHIP</b>		<b>450.00</b>
<b>Thank you!</b>		

Check: _____ is enclosed Check # _____	Credit Card Payment: (Please circle one) Visa                      Mastercard                      Amex
Make Check Payable to MPMA	Card #:
	Expiration:                      Security Code:
	Zip Code:
	Cardholder Name:

If you have any questions concerning this invoice, call: Rhonda Wise at (586) 345-5879  
**THANK YOU FOR YOUR BUSINESS!**