

Date \_\_\_\_\_

phone: (586) 296-9580  
fax: (586) 296-9581

APPLICATION FOR MEMBERSHIP  
**MICHIGAN PEST CONTROL ASSOCIATION**

P.O. Box 26546  
Fraser, Michigan, 48026-6546

Applicant's Michigan License No. \_\_\_\_\_  
Certification No. \_\_\_\_\_

Please type or print

In behalf of \_\_\_\_\_ of \_\_\_\_\_  
(Firm Name) (Address, City State and Zip)

I \_\_\_\_\_ make application for  
(Individual) (Title)  
(Active) (Associate) (Allied) (Academia) (Cooperative) (Honorary) membership in the Michigan Pest Control Association, and agree, if elected, to comply with its Constitution and Bylaws and will represent our company at meetings and other activities of the Association.

Do any of your Officers or Management maintain ownership or management in any other company currently holding active membership to MPCA?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of firm? \_\_\_\_\_

A check drawn to the order of the Michigan Pest Control Association, in the amount of \$ \_\_\_\_\_ as payment of dues is accompanying this application.

**THE FOLLOWING INFORMATION IS REQUIRED:**

1. What's you or your company's qualifications that should be given consideration and approval of this application? (Please mention school, college, or other training and degree, if any, of the representative.)

When established and under present ownership, given year \_\_\_\_\_ Individual, Partnership, Corporation  
(Please circle to which apply)

2. If a subsidiary, name of Parent Company \_\_\_\_\_

3. Are you a past member of MPCA? Yes \_\_\_\_\_ No \_\_\_\_\_ or any other State Association? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please name \_\_\_\_\_

If yes, when and reason for leaving? \_\_\_\_\_

Name of firm if different than above \_\_\_\_\_

4. Engage in (Please Check)

\_\_\_ General pest control which means only those activities commonly referred to as treatments by means insecticides, rodenticides, and trapping \_\_\_  
\_\_\_ Fumigation; \_\_\_ Termite Control; \_\_\_ Preparation and sale of products; \_\_\_ Manufacture and supply to the pest control industry; \_\_\_ any other  
special field. \_\_\_\_\_

5. Two References (such as bank, firms from which you purchase, etc.)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

6. Insurance Coverage

Name and address of insurance company (not agency) carrying your public liability and property damage.

7. Has your License ever been suspended or revoked? If yes, please explain

8. Applicant is sponsored by \_\_\_\_\_  
(Name and address)

9. I/we understand the membership does not become effective until notified by the Secretary/Treasurer.

10. Applicant signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**NOT TO BE FILLED IN BY APPLICANT BELOW THIS LINE:**

Received at Secretary/Treasurer office \_\_\_\_\_ Submitted to membership committee \_\_\_\_\_

Report from membership committee \_\_\_\_\_

**APPLICATION WITH CHECK DRAWN TO THE ORDER OF THE MICHIGAN PEST CONTROL ASSOCIATION AND "STATEMENT" FORM ARE TO BE MAILED TO THE ASSOCIATION OFFICE  
P O BOX 26546, FRASER, MI 48026-6546**

## PURPOSES

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1. To promote, attain, and maintain a high standard of ethics in the pest control industry.
2. To foster research and diffusion of knowledge of the industry and to promote education and training among its members.
3. To promote safety in application of pesticides for the protection of the environment.
4. To promote the social welfare of its members.
5. To foster, promote, maintain and encourage the civic, social, and industrial welfare of the industry.
6. To do charitable acts.
7. To cooperate with existing governmental authorities for the good of the community and industry.
8. To endeavor to bring about a condition where:
  - a) The members in their advertising or solicitation of business shall not use any misleading, tricky, or fraudulent methods.
  - b) That members will not accept a contract or service agreement without rendering skilled, intelligent, conscientious service.
  - c) A thorough analysis of the requirements of clients and a conscientious recommendation by the operator of the best means suitable to the client's needs.

## MEMBERSHIP

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There are (6) classes of memberships:

1. **ACTIVE MEMBERS:** Any person, firm, partnership, or corporation actively engaged in pest control service work and the application of pesticides, and who is licensed to service in the State of Michigan shall be qualified for active membership in this association when approved by a majority vote of the Board of Directors and shall be entitled to one (1) vote.
2. **ASSOCIATE MEMBERS:** An associate member shall be a non-licensed pesticide applicator in the State of Michigan who is certified and any pest control firm operating in Canada or a neighboring state. Election to membership shall be by a majority vote of the Board of Directors. Associate members shall not have the power to vote.
3. **ALLIED MEMBERS:** Any person, firm or corporation not regularly engaged in pest control service work, but who primarily manufactures or supplies product, equipment, and any materials to the pest control industry, shall be eligible for membership. (Election to membership shall be by a majority vote of the Board of Directors.) Allied members shall pay the same dues and assessments as active members, but shall not be eligible for an elective office and shall not have the power to vote.
4. **ACADEMIA MEMBERSHIP:** A person who is not actively engaged in pest control and "Not for Hire", but is an Associate, Student, Associate Professor or Professor with an Academic Association (ex. University, College). A person who is in agreement with the published mission and purpose of the MPCA. Election to membership shall be by a majority vote of the Board of Directors. Academic Members shall be liable for the published membership rates. Academic Members shall not be eligible for an elective office and shall not have the power to vote. An Academic Member may serve on committees; however, they may not make up a majority of any committee, except in the case of an ad hoc committee.
5. **COOPERATIVE MEMBERSHIP:** An individual who is the authorized representative of a non-profit organization. Election to membership shall be by a majority vote of the Board of Directors; with reciprocal membership granted from said non-profit organization. Cooperative members shall not be liable for dues, fees or assessments and shall not be eligible for an elective office. Cooperative members shall not have the power to vote. Cooperative members may serve only on select committees at the discretion of the President of the MPCA.
6. **HONORARY MEMBERS:** Honorary membership may be conferred upon an individual by two-thirds(2/3) vote of the entire membership. Honorary memberships are to be granted to persons who have made outstanding contributions to the pest control industry. Honorary members shall not be liable for dues or assessments.

## DUES

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1. **DUES:** Membership dues are determined annually. Membership period shall be considered to mean from July 1<sup>st</sup> to June 31<sup>st</sup>.
2. **Failure to Pay Dues:** Any member neglecting or failing to pay his dues by 30 days of the due date, shall be declared delinquent. Thereafter, delinquent members shall be denied all privileges and benefits of the Association.
3. **Notification of Dues:** The Secretary of the Association shall mail a statement of dues to every member of the Association at his last known post office address;
  - a. Once within the first month after said dues are payable; b. Once within the second month after the said dues are payable.
4. **Application for Reinstatement:** Former members who have resigned or been dropped for non-payment of dues shall make application for membership in the same manner as if a new applicant, but with the application there must be included the amount of the past indebtedness due (excluding non-paid membership) to the Association before it will be considered, unless waived by a two-third (2/3) vote of the Board of Directors.