

MISSOURI MOSQUITO AND VECTOR CONTROL ASSOCIATION

APPLICATION FOR MEMBERSHIP

NAME _____

JOB TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

COUNTY _____

ORGANIZATION _____

E-MAIL _____

HOME PHONE _____

BUSINESS PHONE _____

FAX _____

TYPE OF MEMBERSHIP DESIRED

REGULAR MEMBER

\$10.00

MAY HOLD OFFICE, MAY SERVE ON COMMITTEES AND HAVE VOTING PRIVILEGES AND ACTIVE IN MOSQUITO CONTROL IN THE STATE OF MISSOURI.

ASSOCIATE MEMBER

\$10.00

ENJOY THE SAME PRIVILEGES AS A REGULAR MEMBER EXCEPT THEY WILL NOT HAVE ANY VOTING PRIVILEGES OR HOLD OFFICE AND ARE NOT ACTIVELY INVOLVED IN MOSQUITO CONTROL IN THE STATE MISSOURI.

SUSTAINING MEMBER

\$50.00

ANY AGENCY, ORGANIZATION, COMPANY OR INDIVIDUAL, THEY SHALL HAVE NO VOTING PRIVILEGES OR HOLD OFFICE.

HONORARY MEMBER

MAKE CHECKS PAYABLE TO:

MISSOURI MOSQ. & VECTOR CONTROL ASSO.

SIGNATURE OF APPLICANT

MAIL TO:

MISSOURI MOSQ. & VECTOR CONTROL ASSOCIATION

15 GLORIA LANE

ST. PETERS , MO. 63376

DATE _____