

## ***Applicant / Company Information***

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Pesticide License #: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Representative (if other than applicant): \_\_\_\_\_ Pesticide License #: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

## ***Membership Categories / Fees***

- Commercial Membership (Per Gross Annual Sales)
- |                                |                 |                                 |                 |                                |                 |
|--------------------------------|-----------------|---------------------------------|-----------------|--------------------------------|-----------------|
| ___ \$0 - \$100,000.....       | <b>\$150.00</b> | ___ \$100,001 - \$299,999 ..... | <b>\$250.00</b> | ___ \$300,000 - \$499,999..... | <b>\$400.00</b> |
| ___ \$500,000 - \$999,999..... | <b>\$550.00</b> | ___ \$1,000,000 +.....          | <b>\$800.00</b> |                                |                 |
- Individual Applicator Membership..... **\$40.00**
- Manufacturer / Supplier Membership..... **\$250.00**
- Professional Affiliate Membership ..... **\$150.00**
- Schools / Public at Large Membership ..... **\$50.00**

**— 10% OFF FOR FIRST TIME MEMBERSHIP —**

## ***Payment Methods***

Mail check and form to: MALCP  
P.O. Box 222  
Stow, MA 01775

Pay online at: <https://malcp.org/product-category/membership/>

## ***Attestation / Acceptance***

By signing this Membership Application, I attest that the information contained above is accurate and have read / understand the MALCP Code of Ethics and Best Business Practices included with this application and hereby agree to abide by the Terms and Conditions as set forth in those instruments as a condition of membership:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_