



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..... | \$150.00 | ___ \$100,001 - \$299,999 | \$250.00 | ___ \$300,000 - \$499,999..... | \$350.00 |
| ___ \$500,000 - \$999,999..... | \$550.00 | ___ \$1,000,000 +..... | \$800.00 | | |
- 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: _____