



Membership Application
Membership Period: July 1 to June 30

Contact Data – PLEASE PRINT CLEARLY

Name: _____

Organization: _____

Organization Type: Mosquito Control District Health Department Federal Agency Pest Control Company Retired
 Manufacturer College/University Military Research Institute Not Affiliated Other _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Phone: _____ Fax: _____

Email: _____

NOTE: AMCA Publications will be sent electronically.

- Regular Membership: \$145 or Retired Regular Membership: \$65**
Receives 4 issues of the AMCA Newsletter, monthly issues of the e-Newsletter, Members Only access to website resources (including past issues of the journal), and Regular and Retired pricing discounts for the annual meeting (a savings of \$150+ over the non-member pricing). This category also includes the right to vote on Association matters.
- Student Membership: \$35**
Receives 4 issues of the AMCA Newsletter, monthly issues of the e-Newsletter, Members Only access to website resources (including past issues of the journal), and a Student Member pricing discount for the annual meeting. Students must enclose a letter from their advisor on University letterhead as proof of student status.
- Sustaining Member:** Includes 1 Regular Membership

Corporations: \$1,600

Government Agencies:

USE FORMULA TO CALCULATE DUES

Budgets over \$1,000,000 use this formula:

Annual Budget divided by 1,000,000 = y then y x 525 = amount due

Example: \$2,000,000/1,000,000 = 2 then 2x525=\$1,050

*** Please note: you must meet the minimum annual dues based on the bracket your annual budget falls in. ***

\$1,000,000 or less → \$525 minimum Annual Dues

\$1,000,001 - \$3,000,000 → \$1,050 minimum Annual Dues

\$3,000,001 - \$5,000,000 → \$2,075 minimum Annual Dues

\$5,000,001 and over → \$4,100 minimum Annual Dues

Subtotal: _____

Total Due: _____

By joining/renewing AMCA, you are agreeing under the AMCA privacy statement that AMCA can use your personal information for the purpose of servicing your membership.

PAYMENT INFORMATION:

PLEASE CHARGE MY: American Express Visa Mastercard

Account No. _____ Exp. Date _____ Security Code: _____

Print Name of Cardholder: _____

Signature of Cardholder: _____

Please make checks payable to AMCA. Payment should be in US Dollars and mailed to the appropriate address below.

REMITTANCE:

Before June 30, 2019:
1120 Route 73, Suite 200
Mount Laurel, NJ 08054

July 1, 2019 and after:
One Capitol Mall, Suite 800
Sacramento, CA 95814

AMCA IS MOVING!
Please note our new mailing address to take effect July 1, 2019.