



MEMBERSHIP APPLICATION

212 SW 8th Avenue Suite 202 Topeka, KS 66603
785.271.9220 Fax: 785.233.5659 kansaspest@yahoo.com

Name _____

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Website _____

KPCA DUES — mark membership category

Memberships are annual; From July 1 to June 30

Allied Membership	\$200	_____
Associate Membership	\$500	_____
Leader Membership	\$1,200	_____
Partner Membership	\$2,000	_____

PAYMENT OPTIONS ON REVERSE

MEMBERSHIP BENEFITS

Allied Membership: All benefits of membership including: Discounts to events, Government affairs assistance, Directory listing, Promotion of products/ events, Discount advertising rates *and more!*

Associate Memberships: All Allied benefits plus: special recognition on website; One (1) Exhibit Booth at Conference in Kansas City **OR** Wichita, including one (1) registration and exhibitor benefits; Right to attend & exhibit at Master Tech & Regional Training Events.

Leader Membership: All benefits of previous levels, plus: One (1) exhibit booth and two (2) registrations at Conferences in Kansas City **AND** Wichita; Recognition/Benefits of Silver sponsorship at Meeting

in Kansas City **OR** Wichita (\$1,000 value); Recognition in promotional materials; One (1) half-page ad in a printed newsletter, edition of choice; free ad in all digital newsletters (weekly for the year).

Partner Membership: Benefits of other memberships, plus: One (1) booth at Kansas City **AND** Wichita Conference; Benefits/recognition as Platinum Sponsor at Conference in Kansas City **AND** Wichita (\$2,000 value); Free ad on KPCA website; recognition at all KPCA events; Recognition as Partner in Directory; Quarter page ad in all print newsletters.

Get More Info at:
www.kansaspest.com



Payment Options

212 SW 8th Avenue Suite 202 Topeka, KS 66603
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Option 1: Pay in Full

Enclosed is a check _____

Pay By Credit/Debit Card ___ Visa ___ MasterCard ___ American Express ___ Discover

Name on Card _____ Sec. Code _____

Card Number _____ Exp. Date _____

Option 2: Installment Payments

_____ Please bill the following credit/debit card in 4 equal installments.

Card will be billed: July, October, January, April

___ Visa ___ MasterCard ___ American Express ___ Discover

Name on Card _____ Sec. Code _____

Card Number _____ Exp. Date _____

Option 3: Online

Visit: www.kansaspest.com

to join or renew online

Option 4: ACH Payment

Check Payment Option: ___ Full Payment ___ Installment Payments

Account Routing Number _____

Checking Account Number _____

Please Enclose a Voided Check for ACH Payment Option

AUTO RENEWAL

Sign Below if you would like your membership to be automatically renewed using the credit/debit card or bank account you have provided for future membership years. You will always be notified of renewal and receive a receipt. You may cancel auto renewal at any time by contacting our offices at 785-271-9220 or kansaspest@yahoo.com. Auto Renewal only applies to your membership and does not permit KPCA to bill you for any other services or purchases.

Yes, Please Sign Me Up For Auto-Renewal

Signature _____ Date _____