



OKLAHOMA MEMBERSHIP APPLICATION

NPMA and OPMA Joint Membership July 1, 2023 - June 30, 2024

You may email or mail this form with payment to:

Oklahoma Pest Management Association 5502 S. 33rd W. Ave., Tulsa, OK 74107, Phone: 405.726.8773 opma-sec@coxinet.net

FIRM	LICENSE NO	_ LICENSE NO						
CONTACT NAME	TITLE	TITLE						
STREET ADDRESS	CITY	CITY STATE ZIP CODE						
PHONE	E-MAIL			WEBSITE				
ANNUAL REVENUE	# OF EMPLOYE	EES		YEARS IN BUSINESS				
Please select your dues class in Table A and Table B to determine your total membership amount due.								
TABLE A: OPMA DUES			TA	TABLE B: NPMA DUES				
Base Fee	\$90	DUES CLASS	ANNUAL SALES VOLUME	NPMA DUES	DUES CLASS	ANNUAL SALES VOLUME	NPMA DUES	
New members only: One-Time Application Fee \$25		A	\$0 - 499,999	\$195	□ N	\$4.5M - 4.9M	\$2,170	
		□в	\$500,000 - 599,999	\$395	□ 0	\$5M - 5.9M	\$2,365	
Number of branches x \$25		□ c	\$600,000 - 699,999	\$475	□ P	\$6M - 6.9M	\$2,760	
		□ D	\$700,000 - 799,999	\$555	□ Q	\$7M – 7.9M	\$3,150	
Please complete each line in Table A to determine your total due.		☐ E	\$800,000 - 899,999	\$630	□ R	\$8M - 8.9M	\$3,545	
		☐ F	\$900,000 - 999,999	\$710	□ s	\$9M – 9.9M	\$3,940	
OPMA Membership Pledge I hereby submit this application for active joint membership in the OPMA & NPMA. If accepted into membership, I agree to comply with the Code of Ethics and other policies of the Associations. I understand that Joint Membership is not optional and dues must be paid for both OPMA & NPMA and that the use of the Associations' seals/logos prior to final membership approval would disqualify my application.		☐ G	\$1M - 1.49M	\$790	□ т	\$10M – 10.9M	\$4,335	
		□н	\$1.5M – 1.9M	\$985	□ U	\$11M – 11.9M	\$4,725	
		I	\$2M - 2.49M	\$1,185	□ v	\$12M – 12.9M	\$5,120	
		□ J	\$2.5M - 2.9M	\$1,385	□ w	\$13M – 13.9M	\$5,515	
		□ K	\$3M - 3.49M	\$1,575	□ x	\$14M – 14.9M	\$5,910	
		_ L	\$3.5M - 3.9M	\$1,775	□ Y	\$15M – 19.9M	\$6,300	
		M	\$4M – 4.49M	\$1,970	Over \$20M – Call NPMA			
PAYMENT INFORMATION:		MY CHECK IS ENCLOSED: #						
			PLEASE BILL MY	☐ PLEASE BILL MY ☐ VISA ☐ MASTER CARD ☐ AMEX				
TABLE A: OPMA DUES \$			CARD NUMBER	CARD NUMBER				
+ TABLE B: NPMA DUES \$		EXPIRATION DATE _	EXPIRATION DATE SECURITY CODE					
TOTAL AMOUNT DUE \$		_	CARDHOLDER NAME					

THANK YOU FOR YOUR SUPPORT!

QUESTIONS, please contact: OPMA at 405.726.8773 | opma-sec@coxinet.net | www.ok-pca.com