



OPMA/ NPMA MEMBERSHIP APPLICATION

45 NE 51st ST, OKLAHOMA CITY, OK. (405)726-8773 (855)813-7378

Company Name: _____ Oklahoma License # _____

Company Owner: _____

Mailing Address: _____ City _____ State & zip _____

Certified Applicant: _____ CA # _____

Business #: _____ Fax #: _____ Website _____

Certified

Categories: _____ email _____

The Association subscribes to the **Code of Ethics of the National Pest Management (NPMA), which is adopted as a part of the by-laws of the Oklahoma Management Association (OPMA), and is as follows:**

Relation of Members to the public: The member in their advertising or other solicitations of business, shall not use fraudulent, misleading wording or methods.

Relation of member to client: The member shall thoroughly analyze the requirements of their clients and shall conscientiously recommend methods and means to fulfill the potential clients needs.

Professional Services: the member upon accepting a contract or service agreement shall render skilled, intelligent and conscientious service.

Relation of Member to Competitor: the member shall not publicly criticize the business or private affairs of a fellow competitor.

Relation of Member to Association: The member shall be loyal to the principals of their Associations and active in it s advancement.

REVENUE BOX	ANNUAL REVENUE	NPMA DUES	OPMA DUES	One-time FEE	TOTAL
	\$1.00 - \$200,000	\$110.	\$90.	\$25	\$225.
	\$200,001-\$500,000	\$180.	\$90.	\$25	\$295.
	\$500,001-\$1,000,000	\$470.	\$90.	\$25	\$585.
	\$1,000,001-OVER	\$715.	\$90	\$25	\$830

COMPLETING THIS APPLICATION:

NPMA DUES IS BASED ON YOUR REVENUE – OPMA DUES \$90.00 – ONE TIME REGISTRATION FEE \$25.00 (BRANCH OFFICES ARE \$25.00 ADDITIONAL PER LOCATION) RENEWALS WILL BE DUE JULY 1 EACH YEAR. USING THE TABLE ABOVE DETERMINE YOUR COMPANY'S ANNUAL REVENUES FOR THE MOST RECENT YEAR. PLACE AN X IN THE APPROPRIATE BOX. THIS INFORMATION WILL BE KEPT IN CONFIDENCE AND WILL NOT BE DISCLOSED TO ANYONE OTHER THAN THOSE HAVING DEALINGS WITH THE ACCOUNTING INFORMATION NECESSARY FOR BILLING PURPOSES. SUBMIT THIS AMOUNT ALONG WITH THIS APPLICATION

I hereby submit this application for active joint membership in the OPMA & NPMA. If accepted into membership, I agree to comply with the Cod of Ethics and other policies of the Associations. I understand that Joint Membership is **not** optional and dues must be paid for both Associations and that the use of the Associations' seals/logos prior to final membership approval would disqualify my application

Applicant Signature: _____ Date: _____

Amount submitted with application: _____