



A SPECIAL INVITATION TO RENEW OR JOIN CMPMA

The Central Massachusetts Pest Management Association was established in 1977 with the purpose of providing a vehicle that will allow the member companies to support our industry, enhance the quality image and help each other become better business people. Together we can change the image from "exterminator" to one of the "Pest Management Professional."

Add your voice to the Central Massachusetts Pest Management Association and increase our lobby to help us get the attention we deserve as professionals. Join or renew your membership today.

Benefits:

Free Monthly Meetings (October – February) **FREE LUNCH** is also provided by The Association.

NETWORKING: Business building ideas, resources & guest speakers.

- ✓ **No matter the size of your company, you will receive the same equal treatment, benefits & all at the same low cost.**
- ✓ **Working together** for a common cause: promoting our profession with organized functions, legislative day, functional business meetings & accredited seminars.
- ✓ **Distributor discounts** available as a benefit to association membership.
- ✓ **Personal Access to Vendor Products**, knowledge & services for growing your business.
- ✓ Opportunity for active participation on committees to **further the mutual goals** of our profession.
- ✓ **Association resources** at your disposal, such as video training & educational materials.
- ✓ **CMPMA ANNUAL HOILIDAY PARTY:** **One member and guest from our Pest Management and our Allied Members are encouraged to attend. Paid in FULL by the Association.**

CMPMA Membership Form

If your company did not rejoin last year, come back. Our annual membership cost is minimal. The association needs you. Together we *can* make a difference.

Pest Management Pricing:

\$55.00 (full year)

Allied Membership Pricing:

\$75.00 (full year)

Name: _____ Company: _____

Address: _____ Email: _____ Phone: _____

Method of Payment (Checks Preferred)

Please make checks payable to: **C.M.P.M.A.** Check _____ Credit Card _____

Credit Card# _____ Exp. Date ____/____ CVV# _____ (Last 3 digits on back of card)

Visa, Amex & MasterCard Accepted



Please complete this application and mail to:

CMPMA: Attn: CMPMA c/o Kathy Fogarty, 549 Grove Street, Worcester MA 01605
Questions: 1-800-649-9992 ext. #140 or kfogarty@fordshometown.com