



Long Island Pest Control Association

Janice A. Cicchetti, BCE, Executive Director

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Email LIPCAEXEC@optonline.net

MEMBERSHIP APPLICATION

Date _____

Company Name

Principals Name

Title

Street Address

City

State

Zip

Business phone

Fax Phone

Emergency contact phone number

Birth day

Certification #

Business Registration #

Email address

I herewith make application for membership in the Long Island Pest Control Association, Inc. I understand that I will be required to enter into a "Membership Agreement" in accordance with Article IV, Section 6(e) of the By-Laws and agree to do so. It is understood that this application for membership does not become effective until I have entered into such "Membership Agreement" and have been notified by the Secretary of the Association that the application has been accepted. In connection with this application, I have given my authorization for the Long Island Pest Control Association, Inc. and its agents to fully investigate this application and to make contact with the agencies and organizations set forth in the authorization, requesting such information as the Long Island Pest Control Association, Inc. may deem necessary to complete evaluation of this application.

Annual Membership Dues \$235.00

Applicant shall be a full-time Pest Management Professional (PMP Member) or Industry Vendor (Allied Member) as defined in By-Law Section 5(b).

In accordance with Federal Tax Law, we are required to indicate an amount that may be used for lobbying efforts which include providing responses to regulations and laws and attending meetings etc. regarding Federal and State Laws and regulations. A review of our efforts on your behalf in this endeavor indicates that the amount is anticipated to be 11% of your total dues. This amount of your dues payments per year is not considered a business deduction by Federal law.

****PMPs-See checklist at bottom of page 2 for paperwork to be included with Membership application****

Annual Associate Membership Dues \$175.00

Limited Membership - Not open to vendors or applicator companies.

1. Business information.

Established: _____
Place Date

Type of business: Individual () Partnership () Corporation ()

2. Company Principals:

Names Address Phone

Did you originate this Company?: Yes () No ()

If no, from whom was it purchased: _____ Date _____

3. Geographical area served: Nassau () Suffolk () Other _____

a. List Addresses of all offices. _____

4. Liability Insurance Coverage Broker: _____

(A copy of an insurance certificate must be submitted with application).

5. List any member firms that may be acquainted with you:

6. Categories of Certification:

(A copy of the business owner's current and to date DEC Commercial Applicator's permit (certification card) must be submitted with application).

() 7A Structural and Rodent () 7B Fumigation () 7C Termite () 7F Food Processing () 8 Public Health
() 3A Ornamental & Turf () 3B Turf () Other _____

I, as a principal of the company, which I represent, agree to abide by, adhere to and be governed by the provisions of the By-Laws of the Long Island Pest Control Association, this membership agreement, recommendations by the Standards and Ethics Committee and any amendments or policies, which shall hereafter be adopted by the membership of the Long Island Pest Control Association.

Signature of Applicant

****PMP Membership-Please Include the Following Paperwork with Your Application:****

- () Copy of current NYSDEC Business Registration
- () Copy of current Commercial Applicators Liability Insurance Certificate
- () Copy of current NYSDEC Pesticide Applicator ID (certification card)
- () Dues payment: check in the amount of \$235.00, made to 'LIPCA'; or credit card number and expiration date

cc# _____ exp. date _____

Associate Membership Enclosures:

Dues check in the amount of \$175.00, *or* credit card number and expiration date

cc# _____ exp. date _____