**Kentucky Pest Management Association**   
 Allied & Out of State Membership Application

Firm License No.

Contact Name Title

Street Address

City State Zip Code

Phone Fax

E-Mail Website

Referred by

**Questions?** Please contact Tamra Wasylina with KPMA at 502-452-9600

[tamra@brightpest.com](mailto:tamra@brightpest.com)   
[www.kpmaonline.org](http://www.kpmaonline.org)

**Kentucky Membership Dues**   
*Select the appropriate category and enter amount on* ***Total Dues*** *line.*

**Membership Category Dues**

Allied Member $150

Out of State Member $150

Total Dues (Amount Enclosed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information**  
*Send the application and appropriate payment to:*Kentucky Pest Management Association  
PO Box 32454

Louisville, KY 40232  
  
Email: [tamra@brightpest.com](mailto:tamra@brightpest.com)

* Check is enclosed #\_\_\_\_\_\_\_\_\_
* Please bill my :

Card Number

Expiration Date Security Code

Cardholder Name

Signature

**Thank you for your support!**