



Arizona Pest Professional Organization

10460 North Street
Fairfax, VA 22030
800-678-6722
www.azppo.org
azppo@pestworld.org

AzPPO Allied Membership Application

(July 1, 2009 through June 30, 2010)

Company Name: _____

Contact Name: _____ Title: _____

Physical/Street Address: _____

Mailing Address: _____

City: _____ Zip Code: _____

Phone: _____ Fax: _____

Co. E-mail: _____ Individual E-mail: _____

Web Site: _____

MEMBERSHIP CATEGORY

AzPPO Allied Membership \$399.00

An Allied Company is any company that provides/sells a product or a service to the pest management industry.

PAYMENT INFORMATION

My check is enclosed (payable to AzPPO). Check number: _____

Please bill my credit card Visa MasterCard American Express

Credit Card Number: _____ Exp. Date: _____

Signature: _____ Security Code: _____

Please mail payment & completed application to:

Arizona Pest Professional Organization
10460 North Street
Fairfax, VA 22030

Or fax to: 703-352-3031

Questions? Contact us at azppo@pestworld.org or 800-678-6722.

Thank you!