

MVCAC Associate Membership Application

Mosquito and Vector Control Association of California
January 1 through December 31

Associate membership is limited to managers, trustees, and designated employees of Corporate Members and designated employees of the University of California and the California Department of Health Services who are officially involved with mosquito and vector control issues. Associate members have no vote in this Association but may serve on committees. Any privileges of Associate membership apply only to the Associate member and to no one else. **Dues for Associate Membership are \$50 per year, payable in January and becoming delinquent on the 1st day of March.** Associate Members who have paid their dues are eligible for: one copy of the yearbook, member prices for purchase of the first copy (but not subsequent copies) of MVCAC publications, and member prices for registration for the Annual Conference.

NAME: _____ TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

Place an X on your applicable status:

TRUSTEE: _____ CURRENT EMPLOYEE: _____ RETIRED EMPLOYEE: _____

Previous Member or Subscriber? NO: _____ YES: _____

If yes, what year? _____

PAYMENT METHOD:

Check. I have enclosed a check for \$50.00, payable to MVCAC.

Credit Card

Card Number

Card Number: _____

Exp: _____

CSV: _____

By signing this form, I authorize MVCAC to charge \$50.00 to my credit card, using the information listed above.

Signature _____ Date _____