

# MVCAC Affiliate Membership Application

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

Affiliate membership is available for interested persons who are not eligible for Associate Membership and who are approved by the Executive Director. Approval can be withdrawn by the Board of Directors at any time at its discretion. Affiliate members have no vote in this Association. Any privileges of Affiliate Membership apply only to the Affiliate member and to no one else. **Dues for Affiliate Membership are \$105 per year, payable in January and becoming delinquent on the 1<sup>st</sup> day of March.** Affiliate 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 in January.

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 \$105.00, payable to MVCAC.

### Credit Card:

Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_

CSV: \_\_\_\_\_

**By signing this form, I authorize MVCAC to charge \$105.00 to my credit card, using the information listed above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_