

MID-ATLANTIC MOSQUITO CONTROL ASSOCIATION

New Membership & Member Renewal Application

	MEMBERSHIP TYPE:	() RENE	EWAL	() NEW	
Name:					
Organization	:				
Mailing Add	ress:				
City:		State:	Zip Code: _		
Telephone: _		Fax:			
Email:					
	ldress and Phone:				
	Membership Dues FILL IN) (*Membership Dues rate effect		.\$10.00*		
	Sustaining Membership Due				
		Total En	closed \$		
• Dues perio	od runs from annual meeting to annual	meeting.			
• Regular M	lembership entitles member to one vote	and the right to ho	ld an office in the	Association.	
area and (i	Membership qualifies the member for 1) individual registration at the Annual name listed above will be considered th on. No individual membership dues nee	Educational Confe ne individual contac	rence, and a listing t for the Sustainin	g in all publications. The	

Questions or comments can be directed to Andy Kyle, Secretary-Treasurer, phone: (717) 346-8241 or akyle@ pa.gov

Send payment (made payable to **MAMCA**) and mail with this form to:

Andy Kyle MAMCA Secretary-Treasurer 2471 Mayfield St. York, PA 17406