

NATIONAL WILDLIFE CONTROL OPERATORS ASSOCIATION®

PO BOX 655 – Fredericksburg, VA 22404
 PHONE: 855-GONWCOA or 540-374-5600
 GoNWCOA@gmail.com

New Member Renewal

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Secondary Phone: _____
 E-mail: _____ Website: _____

- | | |
|---|-------------------|
| <input type="checkbox"/> Professional Wildlife Control Operator | \$250 annual dues |
| <input type="checkbox"/> Associate Wildlife Control Operator | \$125 annual dues |
| <input type="checkbox"/> Supporting Member | \$50 annual dues |
| <input type="checkbox"/> Vendor Member | \$500 annual dues |
| <input type="checkbox"/> Supporting Vendor | \$350 annual dues |

NEW Professional or Associate Members, who join between January 1st and June 30th will pay the full dues rate.
 NEW Professional or Associate Members, joining between July 1st and September 31st will pay one half of the dues rate plus the full dues rate for the following membership year, at the time of application. Membership will continue through December 31st of the following membership year.
 NEW Professional Members joining between October 1st and December 31st will pay the full dues rate and hold membership through December 31st of the following membership year.
 RENEWALS are NOT subject to prorated dues; and RENEWALS not paid by March 1st of the renewing year will be placed on inactive status and lose all membership privileges.

NWCOA PATCHES	\$7.50 each	x _____ (Quantity) =	\$ _____
NWCOA TRUCK DECALS – 6 INCH	\$6.00 each	x _____ (Quantity) =	\$ _____
NWCOA TRUCK DECALS – 12 INCH	\$12.00 each	x _____ (Quantity) =	\$ _____
<u>Certified members ONLY:</u>			
NWCOA CWCP PATCHES	\$7.50 each	x _____ (Quantity) =	\$ _____
NWCOA CWCP TRUCK DECALS – 6 INCH	\$6.00 each	x _____ (Quantity) =	\$ _____
NWCOA CWCP TRUCK DECALS – 12 INCH	\$12.00 each	x _____ (Quantity) =	\$ _____
SHIPPING & HANDLING (patches and decals only)			\$ <u>5.00</u>
TOTAL:			\$ _____

VISA MASTERCARD DISCOVER

CREDIT CARD #: _____
 EXPIRATION DATE: _____ 3 DIGIT CODE: _____
 NAME ON CARD: _____
 STATEMENT MAILING ADDRESS: _____
 SIGNED: _____ DATED: _____

CONDITIONS OF MEMBERSHIP:

Pay dues as set by the Board and meet any necessary insurance requirements.
 Be active and provide input into the workings and activities of the Association.
 Members will never represent themselves as an official voice of the Association unless approved by the Governing Board to represent the Association.
 Members must read, understand and support the "NWCOA Statement to Support Scientific Wildlife Population Management."
 Members must accept and agree to the NWCOA Code of Ethics.
 Professional memberships must include proof of liability insurance coverage with application or renew to be considered for membership.