



# MEMBERSHIP APPLICATION

TO APPLY FOR MEMBERSHIP IN THIS ACTIVE AND DEDICATED ASSOCIATION, COMPLETE THIS MEMBERSHIP APPLICATION AND MAIL IT, TOGETHER WITH YOUR CHECK, MONEY ORDER OR CREDIT CARD INFO PAYABLE TO N.S.L.G.A., P.O. Box 489, BRIGHTWATERS, NY 11718. TELEPHONE (631) 665-2250

FIRM NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

MAILING ADDRESS (STREET OR P.O, BOX) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

FAX No: (\_\_\_\_) \_\_\_\_\_ CELL No: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FILL IN ALL THAT APPLY TO YOUR BUSINESS (IF YOU HAVE A PENDING NUMBER, MARK "PENDING" AND CALL OFFICE WHEN YOU RECEIVE THE NUMBER).

FEDERAL ID No. \_\_\_\_\_ NYS SALES TAX No: \_\_\_\_\_

CONSUMER AFFAIRS No: \_\_\_\_\_ EXPIRATION DATE: \_\_ / \_\_ / \_\_\_\_

NYS DEC REGISTERED BUSINESS No: \_\_\_\_\_

NYS DEC PESTICIDE APPLICATORS No: C- \_\_\_\_\_

CHOOSE ONE: SUFFOLK CHAPTER \_\_\_ NASSAU CHAPTER \_\_\_  
W. NASSAU/QUEENS CHAPTER \_\_\_

YEARLY DUES: \$195.00 CHECK No. \_\_\_\_\_

CREDIT CARD: ( ) AM EX ( ) VISA ( ) MC CARD No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
EXP. DATE: \_\_ / \_\_ / \_\_\_\_

CARD BILLED TO: \_\_\_\_\_

OFFICE USE ONLY:

DATE: \_\_\_\_\_ ACCEPTED: Y N REASON: \_\_\_\_\_

NEW MEMBER PACKET SENT: \_\_\_\_\_ LOGO SENT: \_\_\_\_\_