



Association of Montana Turf, Ornamental, and Pest Professionals

173 Cottonwood Road, Townsend, MT 59644
(406) 204-0100

www.amtopp.org amtopp@amtopp.org

MEMBERSHIP APPLICATION/RENEWAL

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell: _____

Phone: _____ Fax: (_____) _____

Email address: _____ Website: _____

Regular member - \$115 (has a pesticide license)

Associate - \$50 (does not have a pesticide license)

Corporate Member - \$800*

Pesticide License Number: _____

ISA Certificate Number: _____

No Pesticide or ISA: _____

Total Due: _____

**\$10 OF THE MEMBERSHIP DUES IS NOT TAX DEDUCTIBLE AS IT COULD BE USED FOR LOBBYING EXPENSES*

Segment of Industry: (check all that apply)

- | | | | | |
|--|--------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Lawn Care | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Equipment | <input type="checkbox"/> IPM | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Tree Care | <input type="checkbox"/> Fertilizers | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Garden Center | <input type="checkbox"/> Design |
| <input type="checkbox"/> Pest Control | <input type="checkbox"/> Organics | <input type="checkbox"/> Safety | <input type="checkbox"/> Sports Turf | <input type="checkbox"/> Business |
| <input type="checkbox"/> Greenhouse Grower | | | | <input type="checkbox"/> Wholesale/Grower |

I am joining AMTOPP because (please number starting with 1 as most important)

- | | |
|--|---|
| <input type="checkbox"/> The educational workshops | <input type="checkbox"/> The continuing education units (CEUs) |
| <input type="checkbox"/> Networking opportunities | <input type="checkbox"/> Legislative (concerns for changing or new laws effecting the industry) |
| <input type="checkbox"/> Other - please explain: _____ | |

Is there anything you would like to see added to the conference? _____. If yes, please explain: _____

Is there anything you would like to see AMTOPP pursue? _____. If yes, please explain: _____ (use back for more room).

Signature _____ Date _____

I agree to abide by the Association of Montana Turf, Ornamental, and Pest Professionals (AMTOPP) By-Laws and any other reasonable codes or standards established by AMTOPP.

Make checks payable to: AMTOPP; 173 Cottonwood Road, Townsend, MT 59644

Office use: Paid _____ Check # _____ /C.C./PayPal - Added to Membership File: _____

Added to 1990-Present File: _____ QB: _____