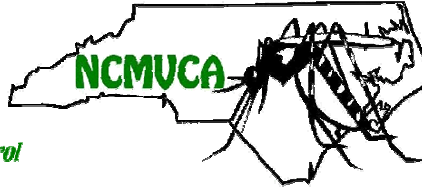


*North Carolina
Mosquito & Vector Control
Association*



New Membership Application And Renewal Form

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Organization/Company: _____

Mailing Address: _____

_____ Zip Code _____

Telephone Number: _____ E-mail: _____

Dues Payment For Year: _____ Amount (\$10.00/Year) _____

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NCMVCA
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PO Box 40245
Raleigh, NC 27629-0245