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**Membership Application**

|  |  |
| --- | --- |
| **Telephone:** | **Fax:** |
| **Website:** |  |

|  |  |
| --- | --- |
| **Year Founded:** | **President:** |
| *(check one)* Basic Manufacturer Formulator Distributor | |
| Market Segments Served (T&O, Aquatics, etc.): | |

|  |  |
| --- | --- |
| **Primary Contact Name and Title:**  (The Official Representative should be an executive level decision-maker for the specialty pesticide business. The Official Representative will act on behalf of the member for all RISE matters and will receive all RISE correspondence.) | |
| **Office Phone:** | **Fax:** |
| **Mobile Phone:** | **Email:** |
| **Assistant Name:** | |
| **Assistant Phone:** | **Assistant email:** |

**Certification:** *I certify that this company develops and/or markets EPA registered pesticide(s).*

# Application submitted by:

**For RISE use only:**

Member Join Date:

(Signature)

# Send completed form to:

# RISE@pestfacts.org

RISE (Responsible Industry for a Sound Environment) 1156 15th Street NW, Suite 400

Washington, DC 20005

Questions? Call (202) 872-3860

# Title:

Please provide the name, title, address, email, phone, and assistant’s name, email and phone for all other contacts that RISE should send *RISE Matters*, our weekly newsletter, and invitations to our events such as our annual meeting.

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| --- | --- | --- | --- |
| Name: | | Email: | |
| Office Phone: | | Mobile Phone: | |
| Address: | | | |
| Assistant’s Name: | Assistant’s Email: | | Assistant’s Office Phone: |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Email: | |
| Office Phone: | | Mobile Phone: | |
| Address: | | | |
| Assistant’s Name: | Assistant’s Email: | | Assistant’s Office Phone: |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Email: | |
| Office Phone: | | Mobile Phone: | |
| Address: | | | |
| Assistant’s Name: | Assistant’s Email: | | Assistant’s Office Phone: |

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| --- | --- | --- | --- |
| Name: | | Email: | |
| Office Phone: | | Mobile Phone: | |
| Address: | | | |
| Assistant’s Name: | Assistant’s Email: | | Assistant’s Office Phone: |

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| --- | --- | --- | --- |
| Name: | | Email: | |
| Office Phone: | | Mobile Phone: | |
| Address: | | | |
| Assistant’s Name: | Assistant’s Email: | | Assistant’s Office Phone: |

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