



"Our mission is to provide leadership, information and education leading to the enhancement of health and quality of life through the suppression of mosquito and other vector transmitted diseases and the reduction of annoyance levels caused by mosquitoes and other vectors and pests of public health importance."

OMCA MEMBERSHIP APPLICATION

NAME: _____

WORK AFFILIATION: _____

WORK ADDRESS: _____

() **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

HOME ADDRESS: _____

() **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

Indicate above (X) the Preferred Address You Wish to Receive OMCA Mailings

WORK PHONE: () _____ **HOME PHONE:** () _____

Email Address: _____

Membership Dues of \$ 25.00 annually entitle members to Newsletters, Proceedings from the previous Annual Meeting. Make check payable to the OHIO MOSQUITO CONTROL ASSOCIATION (OMCA), and mail to:

Ohio Mosquito Control Association
Joe Lynch
12300 Spruce Pointe
Strongsville, Ohio 4149

For information purposes, please indicate affiliates:

() Registered Sanitarian () ODA Licensed Pesticide Applicator/Operator

() Other: _____