



# Member Participation Form

Organization

## Primary Contact

Name

Title

Address

City

State

ZIP+4

Telephone

Fax

E-Mail

## Secondary Contact

Name

Title

Address

City

State

ZIP+4

Telephone

Fax

E-Mail

Our organization wishes to be a (check one):  Partner  Supporter

**W**e believe that environmental stewardship is an integral part of pest management practices and will continue to work toward pest management practices that reduce the risks to humans and the environment. As part of our voluntary participation in the Pesticide Environmental Stewardship Program, this organization will develop a Strategic Approach to pesticide risk reduction and implement annual Activities that fall within this Strategic Approach.

**W**e understand that in return, the U.S. Environmental Protection Agency will seek to foster, fund and promote, through research, education, and other means, the adoption of alternative pest management technologies and practices that enhance pest management and reduce pesticide risk.

Signature of Organization Official

Printed Name

Title

Date



Please Provide an Overview and the Mission of Your Organization

Why is your organization interested in joining PESP?

