![Text

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APPLICATION

![Text

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YES

NO

YES

IS YOUR COMPANY BLACK OWNED? ARE YOU A MEMBER OF ANY STATE CHAPTER OR NPMA?

|  |
| --- |
| Company Size : |
|  |

|  |
| --- |
| Years in Business: |
|  |

|  |
| --- |
| Company Name : |
|  |

COMPANY INFORMATION

|  |
| --- |
| Title : |
|  |
|  |
| Department : |
|  |

|  |
| --- |
| Last Name: |
|  |
|  |
| Email : |
|  |

|  |
| --- |
| First Name: |
|  |
|  |
| Phone : |
|  |

OWNER INFORMATION

In order to become a Black Ownership Matters member company, the company must complete

the application and attend a Zoom Orientation Meeting.

|  |  |
| --- | --- |
| Date: |  |

NO

**As a Black Owned Pest Control company, what are two or three things you need assistance within your operations?**

**GET IN TOUCH**

YES YOUR COMPANY BLACK OWNED?

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