

Phone: (888) 626-0630

Fax: (916) 444-7462

**2025 Manuscript Payment Form**  
**Journal of the American Mosquito Control Association**  
One Capitol Mall, Suite 800  
Sacramento, CA 95814

Email:  
amca@mosquito.org

**Click To Complete Online Form Instead**

(If completing the online form, a secure payment link and invoice will be emailed during office hours)

**ALL AUTHORS ARE REQUIRED TO PAY FOR THEIR MANUSCRIPTS.**

AUTHORS WILL NOT BE ALLOWED TO PUBLISH IN JAMCA IN FUTURE ISSUES UNLESS ALL PAYMENTS ARE RECEIVED.

**FORMS MUST BE RECEIVED PRIOR TO:**

**January 15 (March Issue), April 15 (June Issue),  
July 15 (September Issue), October 15 (December Issue)**

*PLEASE MAKE ALL CHECKS PAYABLE TO AMCA. ALL PAYMENTS MUST BE US DOLLARS.*

*Purchase orders must include the volume, issue number, title of article and author(s).*

ARTICLE INFORMATION			
VOLUME:	NUMBER:	NO. OF PAGES:	MANUSCRIPT #:
AUTHOR(S):			
TITLE OF ARTICLE:			

MANUSCRIPT CHARGE (Must be paid for each article)
AMCA Member Rate: \$1,000
Non-Member Rate: \$1,500

COST SUMMARY	
TOTAL:	\$
Current AMCA Member Name:	

CREDIT CARD INFORMATION	
Please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex	
Card Number: _____	
Exp: _____ Security Code: _____	
Name (Please Print): _____	
Signature: _____	

INVOICE BILLING INFORMATION	
Name:	
Institution:	
Address (city, state, zip, & country):	
Phone #:	
Email:	