

# Florida Pest Management Association AFFILIATE Membership Application

*Please print or type*

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Website: \_\_\_\_\_

**Disaster preparedness information so that we will be able to rapidly contact you in time of crisis, please provide:**

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

**AFFILIATE MEMBER:** An individual or firm doing business *outside the State of Florida*, associations, groups or individuals who wish to affiliate for the purpose of exchanging information or coordinating action. Affiliate Members have no voting privileges nor may they hold office. An Affiliate Member has the right to attend meeting, conventions, conferences, or any social or educational event sponsored by the Florida Pest Management Association.

**COMMUNICATIONS AGREEMENT:**

I understand that by providing my mailing address, e-mail, telephone number, and fax number, I consent to receive communications via regular mail, e-mail, telephone, and/or fax sent by or on behalf of FPMA.

*I would like to join other Florida Pest Management Association professionals and I agree to adhere to the Association's Code of Ethics. I understand that membership is not effective until official notification.*

Signature \_\_\_\_\_

Referred By:

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## DUES SCHEDULE

AFFILIATE MEMBERSHIP.....	\$149.00
International Applicants - Add surcharge to cover postage.....	\$45.00
<b>TOTAL AFFILIATE DUES.....</b>	<b>\$ _____</b>

## INDICATE PAYMENT METHOD

<input type="checkbox"/> Check	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa
	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ CSV# (3 digits on back of card) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

*Dues to FPMA are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible as an ordinary and necessary business expense to the extent that FPMA engages in lobbying. The non-deductible portion of dues for 2009 is 12%.*

**RETURN APPLICATION WITH PAYMENT TO:**



FLORIDA PEST MANAGEMENT ASSOCIATION  
6882 Edgewater Commerce Parkway  
Orlando, FL 32810-4281  
Phone: (800) 426-4829 Fax: (407) 292-0918 Website: www.flpma.org

*Valid Through: 12-31-09*