

Florida Pest Management Association ALLIED Membership Application

Please print or type

Today's Date _____ Date Business Started _____

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 (_____) _____

TYPE OF BUSINESS:

(To be used in FPMA Directory & Allied Member Mall located @ FPMA Website for members to locate suppliers of goods or services.)

- | | | | | | |
|---------------------------|---------------------------------|--------------------|------------------------|-----------------|--------------------|
| Business Aids: | Chemicals: | Equipment: | Services: | Vehicles: | _____ Distributors |
| ___ Computer Programs | ___ Cleaning | ___ Application | ___ Business | ___ Automobiles | ___ Manufacturers |
| ___ Computers | ___ Deodorizers | ___ Bird Exclusion | ___ Emergency Response | ___ Equipment | ___ Other |
| ___ Consultants | ___ Fumigants | ___ Safety | ___ Insurance | ___ Trucks | |
| ___ Credit Card Services | ___ Insecticides-General | ___ Tools | ___ Legal | ___ Vans | |
| ___ Forms and Contracts | ___ Insecticides-Termiticides | ___ Traps | | | |
| ___ Trng Programs & Publ. | ___ Rodenticides/Rodent Control | | | | |

ALLIED MEMBER: Supplier of goods and/or services to the pest control industry. May serve on committees, attend Association meetings, conventions, conferences, educational and social events. May not vote or hold office.

BRANCH OFFICE(S): In addition to the base fee, a firm may at its option register additional branches or separate offices for mailing privileges at \$85.00 each. Attach a list of ALL branches; include company name, contact person, address, telephone, fax and e-mail.

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

ALLIED MEMBERSHIP.....\$498.00

OPTIONAL: (For branch mailing privileges.)
Plus # _____ of Branch Offices @ \$95.00 each.....+ _____

TOTAL ALLIED DUES.....\$_____

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

Application Valid Through: 12-31-09