

# Florida Pest Management Association AFFILIATE Membership Application/Renewal



This is a:  Renewal  New Membership

**YOUR INFORMATION:**

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**TYPE OF BUSINESS:** (To be used in FPMA Directory)

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

**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 meetings, 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, email, and telephone number, I am consenting to receive communications via these methods from FPMA. I further understand and provide consent that this information will be published in Florida Pest Management Association publications, both online and print.

**I would like to join other Florida Pest Management Association professionals, and I agree to adhere to the Association's Code of Ethics (found at [www.flpma.org](http://www.flpma.org)). I understand that membership is not effective until payment is received and official notification has been provided.**

Signature: \_\_\_\_\_

**Referred By:**

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

*Dues to FPMA are not deductible as a charitable contribution but may be deductible as an ordinary 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 2017 was 7.0%.*

**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**

Check # \_\_\_\_\_

Master Card  Visa  American Express  Discover

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Exp. Date \_\_\_\_\_ CVV(V) \_\_\_\_\_

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

email: \_\_\_\_\_

**COMPLETE AND RETURN WITH PAYMENT TO:**

Florida Pest Management Association  
 905 E Martin Luther King Jr Blvd, Suite 240 • Tarpons Springs, FL 34689  
**Questions? Contact [info@flpma.org](mailto:info@flpma.org) or (407) 293-8627**