

Florida Pest Management Association ALLIED 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:	<input type="checkbox"/> 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				

Allied Members: An Allied Member is a firm that is actively engaged in the manufacture or distribution of allied chemical products, supplies, equipment or services. Allied membership shall have no voting privileges, nor may they hold office, other than a Regional Director or Assistant Regional Director. Allied members may serve on groups or committees and have the right to attend Association meetings and participate in any convention, conference or any educational or social event which may be sponsored by the Association.

Allied Member of the Board of Directors: An Allied Member in good standing will be appointed to serve on the Board of Directors by the Executive Committee as a representative in an advisory role for a non-consecutive one year term. While serving in this capacity, the allied representative will have a vote on the Board.

Allied Branch Membership: Any firm with an Allied Membership in the Association, having branches or separate offices, has the option of registering any and all branches and separate offices as Allied Branch Offices.

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 \$95.00 each. **Attach a list of ALL branches, including company name, contact person, address, telephone, and e-mail.**

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). 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 SCHEDULE

ALLIED MEMBERSHIP\$498.00
 Plus #_ of Branch Offices @ \$95.00 each.....+ _____
TOTAL ALLIED DUES.....\$_____

INDICATE PAYMENT METHOD

Check # _____
 Master Card Visa American Express Discover

Name on Card: _____
 Billing Address: _____
 City: _____ State: _____ Zip Code: _____
 Card No. _____
 Exp. Date: _____ CVV: _____
 Authorized Signature: _____
 email: _____

COMPLETE AND RETURN WITH PAYMENT TO:
 Florida Pest Management Association
 P.O. Box 196 | Oakland, FL | 34760
 Questions? Contact info@flpma.org or (407) 293-8627