

Florida Pest Management Association PMP Membership Application



THIS IS A: NEW MEMBER APPLICATION

Active Member (PMP)

A pest control company actively engaged in the pest control industry in Florida (licensed by appropriate State Agency under Chapter 482, Florida Statutes) is eligible to be an Active Member and is entitled to one voting representative for each registered office or branch.

Active Member Employees and Branch Offices

Any firm with an Active membership in the Association, having branches or separate offices has the option of registering any and all branches or separate offices as Active Branch Offices. Active Branch offices have voting privileges and can hold office. The member licensee shall inform the Executive Vice President in writing of the individual's name who will have the voting privileges for the Branch Office(s).

YOUR INFORMATION: *(Please complete all fields.)*

First Name: _____ Last Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone: _____ E-mail: _____

Website: _____

Certified in: GHP L&O Termite Fumigation

ADDITIONAL BRANCH INFORMATION:

of Branches/Offices in Florida: _____

There is no additional fee to list additional branches/offices for mailing privileges. Please attach a list of all branches/offices in Florida, including company name, contact person, address, telephone and email.

MEMBERSHIP DUES SCHEDULE		
Please circle appropriate category		
Category	Annual Sales Revenue	Dues Amount
A	\$0- \$150,000	\$149
B	\$150,001 - \$300,000	\$299
C	\$300,001 - \$500,000	\$399
D	\$500,001 - \$750,000	\$579
E	\$750,001 - \$1,000,000	\$829
F	\$1,000,001 - \$3,000,000	\$1529
G	\$3,000,001 - \$5,000,000	\$4,229
H	\$5,500,001 - \$7,000,000	\$5,299
I	\$7,000,001 - \$10,000,000	\$6,249
J	\$10,000,001 - \$20,000,000	\$12,599
K	\$20,000,001 - \$35,000,000	\$14,199
L	\$35,000,001 - \$50,000,000	\$16,699
M	\$50,000,001 - \$75,000,000	\$18,199
N	\$75,000,001 - \$100,000,000	\$19,999
O	\$100,000,001 +	\$21,499

COMMUNICATION 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.

Signature: _____ Date: _____

CODE OF ETHICS: 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: _____ Date: _____

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%.

PAYMENT METHOD: Check # _____ Visa Master Card American Express Discover

Billing Contact Name: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Card Number: _____ Exp. Date (mm/yyyy): _____ CVV(V) Code: _____

email address for payment confirmation: _____

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