

# FPMA PMP Membership Application



flpma.org  
(407) 293-8627

**MEMBER TYPE:**    ☐ Student    ☐ Associate    ☐ Affiliate    ☐ Active PMP  
*(Choose from below)*

**STUDENT MEMBER:** Full-time students enrolled at an accredited college or university are eligible to join FPMA as Student Members. This membership is ideal for those studying entomology, environmental science, pest management, or any related field and looking to build connections in Florida’s pest control industry. Student Members are encouraged to attend FPMA events, including educational conferences, meetings, and conventions, and to network with industry professionals and explore career pathways in pest management.

**\$35 Annually**

**ASSOCIATE MEMBER:** A certified operator who is duly licensed under Chapter 482 F.S. Associate Members have no voting privileges nor may they hold office. An Associate Member may serve on groups or committees and has the right to attend meetings, conventions, conferences or any social or educational event which may be sponsored by the Florida Pest Management Association. Licensed companies are not eligible for Associate Membership; they must join as Active members.

**\$149 Annually**

**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.

**\$149 Annually**

**ACTIVE PMP MEMBER:** A pest control company actively engaged in the pest control industry in Florida (licensed by the appropriate state agency under Chapter 482 Florida Statutes) is eligible to become an active member and is entitled to one (1) voting representative per office/branch.

**EMPLOYEES AND BRANCH OFFICES:** Any member firm may register its branches or separate offices as active branch offices with voting rights and eligibility to hold office. The member licensee must notify the Executive Vice President in writing of the individual designated to vote for each branch office.

## ACTIVE PMP ANNUAL DUES SCHEDULE

*Check your dues category from the schedule below.  
Revenue and Annual Dues are in US\$.*

| Category | Annual Revenue              | Annual Dues |
|----------|-----------------------------|-------------|
| A        | \$0 - \$150,000             | \$199       |
| B        | \$150,001 - \$300,000       | \$349       |
| C        | \$300,001 - \$500,000       | \$499       |
| D        | \$500,001 - \$750,000       | \$679       |
| E        | \$750,001 - \$1,000,000     | \$899       |
| F        | \$1,000,001 - \$3,000,000   | \$1,520     |
| G        | \$3,000,001 - \$5,000,000   | \$3,040     |
| H        | \$5,000,001 - \$7,000,000   | \$4,560     |
| I        | \$7,000,001 - \$10,000,000  | \$6,080     |
| J        | \$10,000,001 - \$20,000,000 | \$11,140    |
| 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 +              | \$21,499    |

## YOUR INFORMATION *(please complete all fields)*

Full Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Veteran Status: ☐ U.S. Veteran Branch: \_\_\_\_\_

Certified in: ☐ GHP ☐ L&O ☐ WDO ☐ FUMIGATION

☐ I agree to report my annual revenue accurately for dues and provide verification if requested.

**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.

**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](http://www.flpma.org)). I understand that membership is not effective until payment is received and official notification has been provided.

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

## PAYMENT

☐ Check ☐ VISA ☐ Mastercard ☐ American Express ☐ Discover

Billing Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Email for payment confirmation: \_\_\_\_\_



Scan to make a donation  
to the FPMA (GAC).

*FPMA dues are not deductible as a charitable contribution but may be deductible as a business expense; however, the portion used for lobbying—equal to the current state sales tax rate—is not deductible.*

**Email completed form to:**

**info@flpma.org**

**Or mail to:**

**FPMA**

**P.O. Box 196**

**Oakland, FL 34760**