

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: _____

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). 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
TOTAL AFFILIATE DUES	\$ _____
<i>*Membership valid through 12/31/2018</i>	

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
 P.O. Box 0294 • Goldenrod, FL 32733-0294
Questions? Contact info@flpma.org or (407) 293-8627