

FPMA MEMBERSHIP APPLICATION/RENEWAL

Date _____

This is a Renewal New Member Application

Name _____

Nickname _____ DACS Certificate # _____

Company _____

Address _____

City _____ State _____ Zip + 4 _____

County _____

Phone _____ Fax _____

E-Mail _____

Certified in: GHP L&O Termite Fumigation

Website _____

Date Business Started _____ # of Employees _____

Disaster preparedness information so that we can contact you in the event of an emergency, please provide:

Home Address _____

City _____ State _____ Zip + 4 _____

Home Phone (_____) _____

Cell Phone (_____) _____

Complete if Applicable

Referred By:

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Dues to FPMA are not deductible as a charitable contribution but may be deductible as an ordinary and necessary 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 2012 is 12%.

COMMUNICATIONS AGREEMENT: I understand that by providing my mailing address, e-mail, telephone numbers, and fax number, I consent to receive communications via these means from FPMA
Application Valid Through 12-31-15

**JOINT MEMBERSHIP DUES SCHEDULE -
Please circle appropriate category**

Category	Annual Sales Revenue	Dues Amount
A	\$0 - \$50,000	\$229
B	\$50,001 - \$150,000	\$299
C	\$150,001 - \$300,000	\$359
D	\$300,001 - \$450,000	\$459
E	\$450,001 - \$700,000	\$598
F	\$700,001 - \$1,000,000	\$884
G	\$1,000,001 - \$2,500,000	\$1,638
H	\$2,500,001 - \$3,000,000	\$2,949
J	\$3,000,001 - \$4,500,000	\$4,699
K	\$4,500,001 - \$7,000,000	\$5,897
L	\$7,000,001 - \$10,000,000	\$6,989
M	\$10,000,001 - \$15,000,000	\$10,924
N	\$15,000,001 - \$20,000,000	\$12,139
P	\$20,000,001 - \$25,000,000	\$14,574
Q	\$25,000,001 - \$30,000,000	\$16,998
R	\$30,000,001 - \$50,000,000	\$19,418
S	\$50,000,001+	\$21,209

INDICATE PAYMENT METHOD

Dues Amount (see schedule above) \$ _____

Check / Check# _____

Master Card Visa

Card No. _____ Exp. Date _____

Authorized Signature _____

CSV# _____ (3 digits on back of card)

**Complete and return application with payment to: Florida
Pest Management Association**

600 Cleveland Street, Suite 780, Clearwater, FL 33755

Phone: (800) 426-4829 • Fax: (407) 292-0918

See www.flpma.org for more information.