

# 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:	_____ Distributors
___ Computer Programs	___ Cleaning	___ Application	___ Business	___ Automobiles	___ Manufacturers
___ Computers	___ Deodorizers	___ Bird Exclusion	___ Emergency Response	___ Equipment	___ Other
___ Consultants	___ Fumigants	___ Safety	___ Insurance	___ Trucks	
___ Credit Card Services	___ Insecticides-General	___ Tools	___ Legal	___ Vans	
___ Forms and Contracts	___ Insecticides-Termiticides	___ Traps			
___ Trng Programs & Publ.	___ 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

OPTIONAL: (For branch mailing privileges.)  
 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(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](mailto:info@flpma.org) or (407) 293-8627