

Florida Pest Management Association ACTIVE Membership Application (Includes Membership in National Pest Management Association)

Please print or type

Today's Date _____

Name _____ Nickname _____ DACS Certificate # _____

Company _____

Address _____

City _____ State _____ Zip + 4 _____

County _____ Phone _____ Fax _____ E-Mail _____

Certified in: GHP L&O Termite Fumigation

Date Business Started _____

Disaster preparedness information so that we will be able to rapidly contact you in time of crisis, please provide:

Home Address _____

City _____

State _____ Zip + 4 _____

Home Phone (_____) _____

ACTIVE MEMBER: Pest control company actively engaged in the pest control industry in Florida (licensed by appropriate State Agency under Chapter 482, Florida Statutes). Entitled to one voting representative for each registered office or branch.

BRANCH OFFICE(S): A firm may register additional branches or separate offices for mailing and voting privileges at no additional charge. Attach a list of ALL offices and branches listing contact person, company name, address, telephone, fax and e-mail.

COMMUNICATIONS AGREEMENT:

I understand that by providing my mailing address, e-mail, telephone number, and fax number, I consent to receive communications via regular mail, e-mail, telephone, and/or fax sent by or on behalf of FPMA.

I would like to join other Florida Pest Management Association professionals and I agree to adhere to the Association's Code of Ethics. I understand that membership is not effective until official notification.

Signature _____

Complete if Applicable:

Sponsor's Name _____

Company _____

Address _____

City _____ State _____ Zip _____

DUES SCHEDULE - Please Circle Appropriate Category

Category	Annual Sales Volume	Dues Amount
A	\$0 - \$50,000	\$185
B	\$50,001 - \$150,000	\$289
C	\$150,001 - \$300,000	\$326
D	\$300,001 - \$450,000	\$418
E	\$450,001 - \$700,000	\$557
F	\$700,001 - \$1,000,000	\$801
G	\$1,000,001 - \$2,500,000	\$1,488
H	\$2,500,001 - \$3,000,000	\$2,678
J	\$3,000,001 - \$4,500,000	\$4,284
K	\$4,500,001 - \$7,000,000	\$5,355
L	\$7,000,001 - \$10,000,000	\$6,619
M	\$10,000,001 - \$15,000,000	\$9,928
N	\$15,000,001 - \$20,000,000	\$11,031
P	\$20,000,001 - \$25,000,000	\$13,237
Q	\$25,000,001 - \$30,000,000	\$15,444
R	\$30,000,001 - \$50,000,000	\$17,651
S	\$50,000,001+	\$19,278
T	Co.'s Headquartered out of Florida	\$5,500

INDICATE PAYMENT METHOD

Dues Amount (see schedule above) \$ _____

Check Master Card Visa

American Express Discover

Card No. _____ Exp. Date _____

Authorized Signature _____

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 2009 is 12%.



COMPLETE AND RETURN APPLICATION WITH PAYMENT TO:

FLORIDA PEST MANAGEMENT ASSOCIATION
6882 Edgewater Commerce Parkway, Orlando, FL 32810-4281
Phone: (800) 426-4829 Fax: (407) 292-0918 Website: www.flpma.org

Application Valid Through 12-31-10

