

Our Objective:

To continuously improve and maintain the standards of pest control service in our province through ongoing searches for information on pest identification, control techniques and environmental concerns. Our training seminars, communications with government officials and our Web site www.apmpo.com provide an opportunity for members to stay informed and provide service in a safe, efficient and cost effective manner.

- Members must be Ministry of Environment certified and licensed.
- Members must carry liability insurance.
- Members must adhere to the association code of ethics.
- Members have access to training materials and informational seminars.
- Members must provide proof of insurance.



One Fee = Three Memberships

Association of Pest Management Professionals of Ontario

- Ongoing training and recertification program
- Regular meetings throughout the year
- Company name listed on APMPO Web site

Canadian Pest Management Association

- *E-PestWorld Canada* - monthly electronic newsletter
- A member directory listing PMPs and suppliers on the CPMA Web site - www.pestworldcanada.net
- Representation in Ottawa
- Discounted registration for Pest Management Canada

National Pest Management Association

- Six issues per year of the members only newsletter *PestWorld*
- Discounted training materials
- Company listed on the Member Service Locator on the NPMA consumer Web site www.pestworld.org
- Discounted registration for PestWorld, NPMA's Convention and Exposition
- Information Central Hotline - instant access to experts



CPMA - ACGP
CANADIAN PEST MANAGEMENT ASSOCIATION
ASSOCIATION CANADIENNE DE LA GESTION PARASITAIRE

Association of Pest Management Professionals of Ontario

Membership Application

Company Name: _____

Owner Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Fax: _____

E-mail: _____

Breakdown of Membership Dues

APMPO Dues	CPMA Dues	NPMA Dues	Total
\$75.00	\$125.00	\$95.00	\$295.00

Read before signing: *If elected to membership, I agree to comply with the Code of Ethics, and other policies of the APMPO. I understand that membership does not become effective until notification is received from the president of the association. I understand that use of the APMPO seal prior to membership approval would disqualify my application.*

Date _____ Print Name _____

Signature _____

Indicate Payment Method:

Check (Made payable to APMPO) Visa MasterCard

Card Number _____ Exp. Date _____

Authorized Signature _____

Please send checks to the address listed below.

All cheques should be made payable to "APMPO."

Complete the form above and mail along with payment to:

**Association of Pest Management Professionals of Ontario
c/o CPMA
P.O. Box 1748
Moncton, NB E1C 9X5
Canada**

Phone: 866-630-CPMA (2762); Fax: (866) 957-7378

E-mail: cpma@pestworld.org www.apmpo.org