

# Florida Pest Management Association ALLIED Membership Application

*Please print or type*

Today's Date \_\_\_\_\_ Date Business Started \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

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 (\_\_\_\_\_) \_\_\_\_\_

**TYPE OF BUSINESS:**

**(To be used in FPMA Directory & Allied Member Mall located @ FPMA Website for members to locate suppliers of goods or services.)**

Business Aids:	Chemicals:	Equipment:	Services:	Vehicles:	Distributors
<input type="checkbox"/> Computer Programs	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Application	<input type="checkbox"/> Business	<input type="checkbox"/> Automobiles	<input type="checkbox"/> Manufacturers
<input type="checkbox"/> Computers	<input type="checkbox"/> Deodorizers	<input type="checkbox"/> Bird Exclusion	<input type="checkbox"/> Emergency Response	<input type="checkbox"/> Equipment	<input type="checkbox"/> Other
<input type="checkbox"/> Consultants	<input type="checkbox"/> Fumigants	<input type="checkbox"/> Safety	<input type="checkbox"/> Insurance	<input type="checkbox"/> Trucks	
<input type="checkbox"/> Credit Card Services	<input type="checkbox"/> Insecticides-General	<input type="checkbox"/> Tools	<input type="checkbox"/> Legal	<input type="checkbox"/> Vans	
<input type="checkbox"/> Forms and Contracts	<input type="checkbox"/> Insecticides-Termiticides	<input type="checkbox"/> Traps			
<input type="checkbox"/> Trng Programs & Publ.	<input type="checkbox"/> Rodenticides/Rodent Control				

**ALLIED MEMBER:** Supplier of goods and/or services to the pest control industry. May serve on committees, attend Association meetings, conventions, conferences, educational and social events. May not vote or hold office.

**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 \$85.00 each. Attach a list of ALL branches; include company name, contact person, 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

ALLIED MEMBERSHIP.....\$427.00

OPTIONAL: (For branch mailing privileges.)  
Plus # \_\_\_\_\_ of Branch Offices @ \$85.00 each.....+

**TOTAL ALLIED DUES.....\$\_\_\_\_\_**

## INDICATE PAYMENT METHOD

Check                       Master Card                       Visa  
 American Express                       Discover

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

CSV# (3 digits on back of card) \_\_\_\_\_

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 2007 is 12%.*

**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: 12-31-08*

