

# Florida Pest Management Association ASSOCIATE (Certified Operator) Membership Application

*Please print or type*

Today's Date \_\_\_\_\_

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

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

**ASSOCIATE MEMBER:** A certified operator who is duly licensed under Chapter 482 F.S. Associate Members have no voting privileges nor may they hold office. An Associate Member may serve on groups or committees and has the right to attend meetings, convention, conferences or any social or educational event which may be sponsored by the Florida Pest Management Association. **Licensed companies are not eligible for Associate Membership.**

**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* \_\_\_\_\_

<u>Complete if Applicable:</u>
Sponsor's Name _____
Company _____
Address _____
City _____ State _____ Zip _____

## DUES SCHEDULE

ASSOCIATE MEMBERSHIP.....\$102.00

TOTAL ASSOCIATE DUES.....\$ \_\_\_\_\_

## INDICATE PAYMENT METHOD

Please check one:

- |                                |   |                                   |
|--------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Master Card      | <input type="checkbox"/> Visa     |
|                                | <input type="checkbox"/> American Express | <input type="checkbox"/> 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 FPMA:**

FLORIDA PEST MANAGEMENT ASSOCIATION  
6882 Edgewater Commerce Parkway  
Orlando, FL 32810-4281

Phone: (800) 426-4829 Fax: (407) 292-0918 Website: www.flpma.org

*Valid Through: 12-31-08*