



MEMBERSHIP APPLICATION





APMA, CPMA and NPMA Joint Membership

FIRM			LICENSE NO.			
CONTACT NAME			TITLE			
TREET ADDRESS						
ITY			PROVINCE/STATE		POSTAL CODE	
HONE			FAX			
MAIL			WEBSITE			
NNUAL REVENUE	YEARS IN BUSINESS					
Pleas	se select your	DU dues class based on your annu	_	etermine your to	tal amount due	2.
	Dues Class	Company Annual Revenue	National Dues	APMA Dues	Total Due	
	Α	\$0 - \$249,000	\$250	\$45	\$295	
	В	\$250,000 - \$499,000	\$300	\$45	\$345	
	С	\$500,000 - \$999,000	\$350	\$45	\$395	
	D	\$1M - \$2.5M	\$600	\$45	\$645	
	Е	\$2.6M - \$4.9M	\$850	\$45	\$895	
	F	\$5M - \$9.9M	\$1,500	\$45	\$1,545	
	G	\$10M - \$49.9M	\$2,500	\$45	\$2,545	
	Н	\$50M +	\$5,000	\$45	\$5,045	
		PAYMENT IN	FORMATIC)N		
Send the application and payment to: Canadian Pest Management Association (CPMA) 13-3120 Rutherford Road, Suite 360				CARD NUMBER		
Vaughan, ON L4K 0B2				EXPIRATION DATE SE		
My check is enclo	•	e to CPMA): # sterCard AMEX	CAR	DHOLDER NAME		

THANK YOU FOR YOUR SUPPORT!

SIGNATURE