

# FPMA APPLICATION FOR MEMBERSHIP

Date \_\_\_\_\_

Name \_\_\_\_\_

Nickname \_\_\_\_\_ DACS Certificate # \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Certified in:  GHP  L&O  Termite  Fumigation

Website \_\_\_\_\_

Date Business Started \_\_\_\_\_ # of Employees \_\_\_\_\_

**Disaster preparedness information so that we can contact you in the event of an emergency, please provide:**

Home Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

**Complete if Applicable**

Referred By:

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*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 2011 is 12%.*

**COMMUNICATIONS AGREEMENT:** I understand that by providing my mailing address, e-mail, telephone numbers, and fax number, I consent to receive communications via these means from FPMA

**JOINT MEMBERSHIP DUES SCHEDULE -  
Please circle appropriate category**

Category	Annual Sales Revenue	Dues Amount
A	\$0 - \$50,000	\$229
B	\$50,001 - \$150,000	\$299
C	\$150,001 - \$300,000	\$359
D	\$300,001 - \$450,000	\$459
E	\$450,001 - \$700,000	\$598
F	\$700,001 - \$1,000,000	\$884
G	\$1,000,001 - \$2,500,000	\$1,638
H	\$2,500,001 - \$3,000,000	\$2,949
J	\$3,000,001 - \$4,500,000	\$4,699
K	\$4,500,001 - \$7,000,000	\$5,897
L	\$7,000,001 - \$10,000,000	\$6,989
M	\$10,000,001 - \$15,000,000	\$10,924
N	\$15,000,001 - \$20,000,000	\$12,139
P	\$20,000,001 - \$25,000,000	\$14,574
Q	\$25,000,001 - \$30,000,000	\$16,998
R	\$30,000,001 - \$50,000,000	\$19,418
S	\$50,000,001+	\$21,209

**INDICATE PAYMENT METHOD**

Dues Amount (see schedule above) \$ \_\_\_\_\_

Check / Check# \_\_\_\_\_

Master Card  Visa

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

Authorized Signature \_\_\_\_\_

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

*Complete and return application with payment to:*

**Florida Pest Management Association**

6150 Metrowest Blvd., Ste. 302, Orlando, FL 32835

Phone: (800) 426-4829 • Fax: (407) 292-0918

See [www.flpma.org](http://www.flpma.org) for more information.

*Application Valid Through 12-31-12*