



YOUR SUPPORT!

Date Received:

For Internal Use Only

MEMBERSHIP APPLICATION January 1, 2020 - December 31, 2020



OPERATORS LICENCE NO. (FOR JOINT MEMBERS ONLY - INCLUDE COPY OF LICENCE) REQUIRED							
CONTACT NAME		TITLE					
STREET ADDRESS							
CITY		PROVINCE/STATE		POSTA	AL CODE		
PHONE		FAX					
E-MAIL		WEBSITE					
REFERRED BY		YEARS IN BUSINESS					
MEMBERSHIP DUES	JOINT MEM	IBERSHIP Pest Control S	ervice Company				
Please select your membership type.	Dues Class	Annual Revenue	National Due	s SPI	MAO Dues		Total Due
JOINT (Voting Membership) ALLIED (Voting Membership)	А	\$0 - \$249,000	\$250	+	\$195	=	\$445
ASSOCIATE (Non-Voting Membership)	В	\$250,000 - \$499,000	\$300	+	\$195	=	\$495
ASSOCIATE ALLIED	С	\$500,000 - \$999,000	\$350	+	\$195	=	\$545
MEMBERSHIP MEMBERSHIP	D	\$1M - \$2.5M	\$600	+	\$195	=	\$795
Associations/ Equipment & Educational Inst. Chemical Supplier	E	\$2.6M - \$4.9M	\$850	+	\$195	=	\$1,045
Dues \$275.00 \$325.00	F	\$5M - \$9.9M	\$1,500	+	\$195	=	\$1,695
	G	\$10M - \$49.9M	\$2,500	+	\$195	=	\$2,695
	Н	\$50M +	\$5,000	+	\$195	=	\$5,195
SPONSORS							
Sponsor Name Address		Phone	1. One s	onsor	equired: mandatory of SPMAO memb		
2			2. One sponsor from an ethical professional, SPMAO member or supplier.				
PAYMENT INFORMATION Send the application and payment to: Structural Pest Management Association of the second seco	Ontario (SPM	CARD N	IUMBER				
6-14845 Yonge Street, Suite 175, Aurora, Ont	ario, L4G 6H8	EXPIRATE	TION DATE			SECURIT	Y CODE
My check is enclosed (Payable to SPMAO) Please bill my: VISA MasterCard	: #		OLDER NAME				
		SIGNAT p applications are subjec		ha CDM	140 Da aud a4	Diroct	tors

 $\underline{www.spmao.ca} \hspace{0.1cm} | \hspace{0.1cm} \underline{www.pestworldcanada.net} \hspace{0.1cm} | \hspace{0.1cm} \underline{www.npmapestworld.org}$

Date Approved:_