



CPMA ALLIED MEMBERSHIP FORM

January 1, 2024 – December 31, 2024

Canadian Pest Management Association

FIRM _____ LICENSE NO. _____

CONTACT NAME _____ TITLE _____

STREET ADDRESS _____

CITY _____ PROVINCE/STATE _____ POSTAL CODE/ZIP CODE _____

PHONE _____ FAX _____

E-MAIL _____ WEBSITE _____

REFERRED BY _____ YEARS IN BUSINESS _____

TOTAL DUES AMOUNT: \$2,000 CDN

PAYMENT INFORMATION:

Send the application and payment to:

Canadian Pest Management Association (CPMA)
13-3120 Rutherford Road, Suite 360
Vaughan, ON L4K 0B2

**Cheques should be made out to CPMA and payable in Canadian funds only.*

MY CHECK IS ENCLOSED (PAYABLE TO CPMA): # _____

PLEASE BILL MY VISA MASTER CARD

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

CARDHOLDER NAME _____

SIGNATURE _____

THANK YOU FOR YOUR SUPPORT!

QUESTIONS, please contact us at cpma@pestworld.org or 866-630-2762 13-3120 Rutherford Road, Suite 360, Vaughan, ON L4K 0B2

www.pestworldcanada.net | www.npmapestworld.org