

Our Objective:

To continuously improve and maintain the standards of pest control service in our province through ongoing searches for information on pest identification, control techniques and environmental concerns. Our training seminars, communications with government officials and our Web site www.apmapestworld.com provide an opportunity for members to stay informed and provide service in a safe, efficient and cost effective manner.

- Members must be Ministry of Environment certified and licensed.
- Members must carry liability insurance.
- Members must adhere to the association code of ethics.
- Members have access to training materials and informational seminars.
- Members must provide proof of insurance.

One Fee = Three Memberships

Atlantic Pest Management Association

- Ongoing training and recertification program
- Regular meetings throughout the year
- Company name listed on APMA Web site

Canadian Pest Management Association

- *E-PestWorld Canada* - monthly electronic newsletter
- A member directory listing PMPs and suppliers on the CPMA Web site - www.pestworldcanada.net
- Representation in Ottawa
- Discounted registration for Pest Management Canada

National Pest Management Association

- Six issues per year of the members only newsletter *PestWorld*
- Discounted training materials
- Company listed on the Member Service Locator on the NPMA Web site www.npmapestworld.org
- Discounted registration for PestWorld, NPMA's Convention and Exposition
- Information Central Hotline - instant access to industry experts



Atlantic Pest Management Association

Membership Application

Company Name: _____

Owner Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Fax: _____

E-mail: _____

Breakdown of Membership Dues

APMA Dues	CPMA Dues	NPMA Dues	Total
\$55.00	\$125.00	\$95.00	\$275.00

Read before signing: *If elected to membership, I agree to comply with the Code of Ethics, and other policies of the APMA. I understand that membership does not become effective until notification is received from the president of the association. I understand that use of the APMA seal prior to membership approval would disqualify my application.*

Date _____ Print Name _____

Signature _____

Indicate Payment Method:

Check (Made payable to APMA) Visa MasterCard

Card Number _____ Exp. Date _____

Authorized Signature _____

Please send checks to the address listed below.

All cheques should be made payable to "APMA."

Complete the form above and mail along with payment to:

Atlantic Pest Management Association

51 Duke Street

Bedford, Nova Scotia B4A 2Z2

Phone: (902) 835-2304 Fax: (902) 835-0953