



Professional Vegetation Managers Association
 (Formerly the IVMAA) Box 5468
 Leduc, AB T9E 6L7
 Email: val@pvma.ca

Membership Application - 2017

Complete the following and return by email/fax/mail

New Membership: _____

Membership Renewal: _____

General Information:

Company Name: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

PVMA Membership – See Website for more benefits www.pvma.ca

| Membership Type | # of Membership | Quantity | Amount | Totals |
|--|-----------------|----------|--------------------------|--------|
| Corporate | 5 | 1 | \$1050.00 | |
| Group | 3 | 1 | \$315.00 | |
| Individual | 1 | _____ | \$125.00 | |
| Insert member names in table below. Individuals names must be used for voting | | | Sub- Total | |
| *Refers to main company contact | | | GST 5% (123280570RT0001) | |
| | | | Total | |

Member Names:

| First/Last Name | Mobile Number | Email Address: |
|-----------------|---------------|----------------|
| * | | |
| | | |
| | | |
| | | |
| | | |

Payment Options:

Please send invoice to address above _____. (Cheque's payable to "PVMA")

| | |
|------------------------------------|---------------------------|
| MC/VISA | Authorization Date: _____ |
| Card #: _____ | Name: _____ |
| Expiry Date: / CVV#: _____ | Signature: _____ |