



Professional Vegetation Managers Association

(Formerly the IVMAA) Box 5468

Leduc, AB

T9E 6L7

Email: val@pvma.ca

## Membership Application - 2019

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.<br>Individuals names must be used for voting |                 |          | <b>Sub- Total</b>        |        |
| *Refers to main company contact                                                  |                 |          | GST 5% (123280570RT0001) |        |
|                                                                                  |                 |          | <b>Total</b>             |        |

**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:          |