



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

Membership Application - 2018

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: