

Professional Vegetation Managers Association (Formerly the IVMAA) Box 5468

Leduc, AB T9E 6L7

Email: val@pvma.ca

Membership Application - 2024

Complete the following and return by email/fax/mail New Membership: Membership Renewal: **General Information:** Company Name: Mailing Address: _____ Postal Code: _____ City/Town: _ PVMA Membership - See Website for more benefits www.pvma.ca **Membership Type** # of Membership Quantity Amount **Totals** Corporate \$1050.00 Group 3 \$315.00 Individual 1 \$125.00 Sub- Total Insert member names in table below. Individuals names must be used for voting GST 5% (123280570RT0001) *Refers to main company contact Total **Member Names:** First/Last Name **Mobile Number Email Address:** Payment Options: Cheque (Payable to "PVMA") E-transfer to: val@pvma.ca ____ (In message box, indicate who payment is from, what it is for and what email to send receipt to) Request invoice Email invoice or receipt to ___ MC/VISA **Authorization Date:** Card #: Name: **Expiry Date:** CVV#: / Signature: