

# MANITOBA JOINT MEMBERSHIP FORM

## January 1, 2024 – December 31, 2024

Join online at: [www.npmapestworld.org/join](http://www.npmapestworld.org/join) Renew online at: [www.npmapestworld.org/renew](http://www.npmapestworld.org/renew)

Please mail this form with payment to: Canadian Pest Management Association (CPMA) 13-3120 Rutherford Rd, Ste. 360, Vaughan, ON L4K 0B2

FIRM \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE/STATE \_\_\_\_\_ POSTAL CODE/ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

ANNUAL REVENUE \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

### TABLE A: MPMA DUES

Dues are based on the number of technicians. Please use the chart below to determine the amount owed.

DUES CLASS	ANNUAL SALES VOLUME	MPMA DUES
<input type="checkbox"/> A	1 TECHNICIAN	\$305
<input type="checkbox"/> B	2 - 3 TECHNICIANS	\$330
<input type="checkbox"/> C	4 - 6 TECHNICIANS	\$355
<input type="checkbox"/> D	7 - 10 TECHNICIANS	\$380
<input type="checkbox"/> E	10+ TECHNICIANS	\$430

### TABLE B: CPMA DUES

Please select your dues class based on your annual revenue to determine your total amount due.

DUES CLASS	ANNUAL SALES VOLUME	NPMA DUES
<input type="checkbox"/> A	\$0 – 249,000	\$257
<input type="checkbox"/> B	\$250,000 – 499,999	\$310
<input type="checkbox"/> C	\$500,000 – 999,999	\$360
<input type="checkbox"/> D	\$1M – \$2.5M	\$620
<input type="checkbox"/> E	\$2.6M – \$4.9M	\$875
<input type="checkbox"/> F	\$5M – \$9.9M	\$1,540
<input type="checkbox"/> G	\$10M – \$49.9M	\$2,590
<input type="checkbox"/> H	\$50M+	\$5,165

TOTAL AMOUNT DUE \$ \_\_\_\_\_

Please add the total from Table A and Table B to determine the total amount owed.

### PAYMENT INFORMATION:

Send the application and payment to:

**Canadian Pest Management Association (CPMA)**  
**13-3120 Rutherford Road, Suite 360**  
**Vaughan, ON L4K 0B2**

\*Cheques should be made out to CPMA and payable in Canadian funds only.

☐ MY CHECK IS ENCLOSED (PAYABLE TO CPMA): # \_\_\_\_\_

☐ PLEASE BILL MY ☐ VISA ☐ MASTER CARD ☐ AMEX

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!**

QUESTIONS, please contact us at [cpma@pestworld.org](mailto:cpma@pestworld.org) or 866-630-2762 13-3120 Rutherford Road, Suite 360, Vaughan, ON L4K 0B2  
[www.mpma.ca](http://www.mpma.ca) | [www.pestworldcanada.net](http://www.pestworldcanada.net) | [www.npmapestworld.org](http://www.npmapestworld.org)