

# Australian Environmental Pest Managers Association Limited

ABN: 92 003 476 293



## MEMBERSHIP APPLICATION 2022 – February 2023

|   |  |   |
|---|--|---|
| Company/Business Name: _____  |  |   |
| Address _____   |  |   |
| State _____   |  | P/code _____  |
| Postal Address _____  |  |   |
| State _____   |  | P/code _____  |
| Bus. Ph: ( ) _____  | Mobile: _____  | Fax ( ) _____   |
| Email: _____  |  | Website: _____  |
| Company/Business Delegate: _____  |  |   |
| Is the company/business part of a franchise group?  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>        |
| <b>MEMBERSHIP CATEGORY</b>  | <b>MEMBERSHIP PRICE (AUD) incl GST</b>   | <b>AMOUNT PAYABLE (AUD)</b>                                     |
| <b>Professional</b> (first technician) (\$595 incl. GST)  |  |   |
| <b>Associate</b> (over \$1m turnover) (\$2,759 incl. GST)   |  |   |
| <b>Associate</b> (under \$1m turnover) (\$549 incl. GST)  |  |   |
| <b>Distinguished Associate</b> (requires Board approval) (\$220 incl. GST)  |  |   |
| <b>Affiliate</b> (\$830 incl. GST)  |  |   |
| <b>International</b> (\$725 incl. GST)  |  |   |
| <b>Subsidiary Company</b> (please contact the AEPMA National Office) (\$280 incl. GST)  |  |   |
| <b>Related Industry Participants</b> (\$275 incl. GST)  |  |   |
| <b>PestCert Accreditation</b> (may only be taken in addition to AEPMA Professional Membership) (\$160 incl. GST)  |  |   |
| Professional applicants: (Membership is conditional upon licence and minimum insurance cover being current for the duration of membership.)                     |  |   |
| Number of operators: _____  |  |   |
| Company Pest Control Licence/Registration No: _____   |  |   |
| Qld applicants only, please state your BSA Class & Licence No. if carrying out termite work: _____  |  |   |
| Name of Public Liability Insurer: _____   |  |   |
| (minimum \$5,000,000) Expiry Date: _____  |  |   |
| Name of Professional Indemnity Insurer: _____   |  |   |
| (minimum \$500,000) Expiry Date: _____  |  |   |
| I/We declare that the above information is true and correct and that I/We will abide by the Code of Ethics of the Australian Pest Managers Association Limited. |  |   |
| Signed _____  |  | Date _____  |
| Proprietor Delegate   |  |   |
| <b>PAYMENT OPTIONS</b>  |  |   |
| Fax to: _____   | (Australia) 07 3268 4213 (International) +61 7 3268 4213 OR                                    |   |
| mail with cheque (A\$) to _____   | AEPMA, Airport Gateway Business Centre, Unit 6, 12 Navigator Place, Hendra QLD 4011, Australia |   |
| Enquiries _____   | Ph (within Australia) 1300 307 114 or 07 3268 4210   |   |
| Email _____   | <a href="mailto:info@aepma.com.au">info@aepma.com.au</a>                                       | Website: <a href="http://www.aepma.com.au">www.aepma.com.au</a> |
| Credit card _____   | See credit card authority  |   |