



Australian Environmental Pest Managers Association Limited

ABN: 92 003 476 293

MEMBERSHIP APPLICATION 2019 – February 2020

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"/>		
MEMBERSHIP CATEGORY		AMOUNT PAYABLE (A\$)
Professional		
Associate		
Distinguished Associate (requires Board approval)		
Affiliate		
International		
Subsidiary Company (please attach list)		
Related Industry Participant		
PestCert Accreditation (may only be taken in addition to AEPMA Professional Membership)		
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>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.</i>		
Signed _____		Date _____
<i>Proprietor Delegate</i>		
PAYMENT OPTIONS		
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	info@aepma.com.au	Website: www.aepma.com.au
Credit card	See credit card authority	