

Ontario Alliance of Pest Management Professionals (OAPP)



Membership Form

Name _____
First Middle Last

Company's Name: _____

Tel # _____ Email: _____

Addresses:

Street Apt# city Postal code

No. of Employees: _____ Company initiated (year) _____

Membership Type: Founder* _____ Regular: _____ Honourary: _____

Other (please mention): _____

*Founder members are those who attended very first meeting in 2017

Fee Paid \$ 200/- Chq. #: _____ Dated _____ on (Bank) _____

Dir. Deposit. In RBC Account #06492-003-102-720-0 Please attach copy of receipt

I hereby acknowledge that;

1. I will always abide by the by laws of OAPP
2. As a member of the organization, I will assist and participate in the best interest of OAPP as and when requested.
3. As a member I will perform my business activities in a manner, not contradicting the professional and ethical guidelines provided in the of OAPP by-laws,
4. I will participate in the meetings and professional training programs to upgrade my technical and professional knowledge and will exchange my experiences and skills to help other members in improving their skills
5. I will cooperate with other members to help boost their business whenever possible.
6. I will try my best to fulfill the responsibilities as assigned to me by Board members or by General Body from time to time

Signature of Applicant member: _____ Date: _____

FOR OFFICE USE ONLY

Verification of Payment by Sect. Fin. _____ Date _____

Membership Approved by _____
(Board Member/President) _____ Date: _____