

Professional Pest Management Association of British Columbia Membership Application

Personal Information

Name:

Address:

Phone:

Fax:

Email:

Professional Information

Education

- ☐ Completed post-graduate degree in pest management or related field.
Institution name and location:
- ☐ Enrolled in post-graduate program in pest management or related field.
Institution name and location:
- ☐ B.Sc. or equivalent in pest management or related field.
Institution name and location:
- ☐ College certificate or diploma in pest management or related field.
Institution name and location:

Work Experience

Years of work experience:

- ☐ less than 1 year ☐ 1-3 years ☐ 3-5 years ☐ more than 5 years

Work experience in the following areas:

- ☐ Government pest management extension.
- ☐ Implementation of pest management practices.
- ☐ Production of pest management products.
- ☐ Pest management consulting to clients.
- ☐ Pest management research.
- ☐ Other

Sponsor

Name:

Signature: _____

Membership type ☐ Regular (\$15.00) ☐ Student (\$10.00)

Please make cheques payable to 'Professional Pest Management Association of British Columbia'.

Send completed form and cheque to:

PPMABC c/o Tammy McMullan
Department of Biological Sciences
Simon Fraser University
8888 University Drive
Burnaby, BC V5A 1S6