

# Industry Member Application

Fill out the form below to apply for membership.

Industry Membership Application Form

Company \*

Name \*

Name

First Name

First Name

Last Name

Last Name

Position/Title

Business Address \*

Business Address

Business Address

Business Address

City

City

State/Province

State/Province

Zip/Postal

Zip/Postal

Country

Country

Mailing address is different from above

☐

Mailing Address

Mailing Address

Mailing Address

Mailing Address

City

City

State/Province

State/Province

Zip/Postal

Zip/Postal

Country

Country

Office Phone \*

Cell Phone

Home Phone

Fax

Email \*

Website/URL \*

BC Pesticide Applicators Registered License #

Preferred Region(s)

☐ Interior

☐ Kootenay

☐ Lower Mainland

☐ Northern

☐ Vancouver Island

Check one if you wish a single membership – or all 5 if you wish to take the group rate.

## Region Representatives

As you have selected the group rate, please provide the details for your regional representatives.

Region \*

☐ Interior

☐ Kootenays

☐ Lower Mainland

☐ Northern

☐ Vancouver Island

Title \*

Email \*

Mailing Address \*

Mailing Address

Mailing Address

Mailing Address

City

City

State/Province

State/Province

Zip/Postal

Zip/Postal

Country

Country

Website/URL

Office Phone \*

Cell Phone



[Add](#)



[Remove](#)

Signature \*



[Clear](#)

Date \*

Captcha

Submit

If you are human, leave this field blank.