



Registries Program Registration Form

Complete the following and return by email/fax/mail

****NEW IVMAA Registries Program Member**** **** IVMAA Registries Program Renewal****: _____
(Voluntary) _____

General Information

Company Name: _____

Contact's First Name: _____ **Contact's Last Name:** _____

City/Town: _____ **Postal Code:** _____

Mailing Address: _____ **Company #:** _____

Mobile #: _____ **Emergency #:** _____

Email Address: _____ **Registry # (office use only):** _____

Insurance Information (Annual renewal)

Insurance Policy #: _____ **Policy Term:** _____ to _____

Name of Insurance agent/broker: _____ **Address of Insurance Broker:** _____

Insurance Meets Industry Requirements: ____ **Submitted Copy of Insurance Certificate:** ____



Pesticide Service Registration:

Pesticide Service Name: _____

Pesticide Service Telephone #: _____ Pesticide Service Registration #: _____

Registries Order Form:

Description	Registration Cost	Quantity	Totals
One time Registration fee	\$100	1	
# Units (light logo) (2012)	\$25		
Please Submit Signed 'Code of Conduct' with this form **Refer to Fee Structure for Details**		Subtotal	
		GST (5%):	
		Total	

Payment Options:

(Cheque's payable to "IVMAA")

MC/VISA	Authorization Date:	
Card #:	Name:	
Expiry Date:	Signature:	
Subtotal:	GST:	Total:
Office Use Only		