

**FEDERATION OF ASIAN AND OCEANIA
PEST MANAGERS ASSOCIATIONS
(FAOPMA)**

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Membership Application Form

Application For Membership of: () Country Member () Associate / Affiliate Member

1. Country / Region: _____

2. Association Name: _____

3. Contact Person: _____

4. Address: _____

5. Telephone: _____ Fax: _____ Email: _____

6. Representative(s) to FAOPMA:

a) Name: _____

b) Name: _____

Position: _____

Position: _____

Telephone No. _____

Telephone No. _____

Email: _____

Email: _____

7. Date of Establishment of Association: _____

8. Society Registration Certificate No.: _____

9. Principal Executive Committee Officers:

a) Name: _____

Position: _____

b) Name: _____

Position: _____

c) Name: _____

Position: _____

10. Total No. of Members: _____

11. Membership of International Organization / Bodies:

11. Please submit the following documents for reference and record:

- () Copy of Society Registration Certificate
- () Copy of Certificate of Incorporation
- () Association Brochure / Annual Report
- () Copies of Membership Certificates of Organizations / Bodies
- () Others, please specify: _____

12. References:

a) Name:	_____	Signature	_____
Position:	_____	Date	_____
Company:	_____	Telephone No.	_____
b) Name:	_____	Signature	_____
Position:	_____	Date	_____
Company:	_____	Telephone No.	_____

13. Declaration

We, _____ (state Association Name) hereby apply for Membership of Federation of Asia and Oceania Pest Managers Associations (FAOPMA) and if accepted, agree to abide by the Constitution and rules and regulations of the Federation which may be amended from time to time.

Authorized Signature: _____

Name in Block Letters: _____

Capacity: _____

On Behalf of: _____

(Association Name and Chop)