



Box 5468
 Leduc, AB
 T9E 6L7
 Email: info@pvma.ca
www.pvma.ca
 780-752-9800 1-877-249-1508

Membership Application - 2025

Complete the following and return by email/mail

New Membership: _____

Membership Renewal: _____

General Information:

Company Name: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

PVMA Membership – See Website for more benefits www.pvma.ca

Membership Type	# of Membership	Quantity	Amount	Totals
Corporate	5	1	\$1050.00	
Group	3	1	\$315.00	
Individual	1	_____	\$125.00	
Insert member names in table below. Individuals names must be used for voting			Sub- Total	
*Refers to main company contact			GST 5% (123280570RT0001)	
			Total	

Member Names:

First/Last Name	Mobile Number	Email Address:
*		

Payment Options: Cheque (Payable to "PVMA") _____ E-transfer to: val@pvma.ca _____ (In message box, indicate who payment is from, what it is for and what email to send receipt to)
 Request invoice _____
 Email invoice or receipt to _____

MC/VISA	Authorization Date: _____
Card #: _____	Name: _____
Expiry Date: / CVV#: _____	Signature: _____