



IPM Accreditation Program
GOLF COURSE APPLICATION FORM

IPM Council of Canada
 Box #7, Stn. Main
 Milton, ON L9T 2Y3
info@ipmcouncilcanada.org

Name of Golf Course:		
Address:		
Address:		
City:	Province:	Postal Code:
Telephone Number:	*E-Mail Address:	
Name of IPM Agent:	*IPM Certification Number:	

**Please note: A current e-mail address is required to set up your on-line account and all notices and receipts will be e-mailed.
 † Golf courses must have an IPM Certified Agent on staff or on contract to register.*

Registration Fee

Ontario Regulation 63/09 requires all golf courses wishing to use Class 9 pesticides to be IPM Accredited – Level 2 (fully accredited). For more information about the IPM Accreditation program, please visit our website at: www.ipmcouncilcanada.org

Annual Fee: \$800 + HST per year (\$904 including tax)

As a not-for-profit association trying to keep costs to a minimum, we regret that we cannot accept credit card payments.

Includes:

- Annual desk review reporting materials
- Password-protected access to members’ website to create and upload desk review materials for audit
- MOECC-required Annual Report – Class 9 Pesticide Usage form and updates
- Annual desk review audits
- On-site audit performed once every three years

Amount Enclosed:	Date:
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I certify that the information given on this form is true and correct and agree to pay annual registration fees by June 1st each year.

_____	_____
Owner/Owner’s Representative Name & Position (please print)	Owner/ Owner’s Representative Signature

Please make cheque payable to: **IPM Council of Canada** and remit with signed form to:
 IPM Council of Canada, Box #7, Stn. Main, Milton, ON L9T 2Y3
 GST #859059008RT0001

Council Administration Use Only	
Amount Received:	Date: