



**IPM ACCREDITATION PROGRAM
ANNUAL GOLF COURSE REGISTRATION FORM**

Golf Course Name:	GC Registration #:
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Mailing Address:

Physical Address (if different from above):

IPM Certified Agent Name(s) and IPM Agent Certification number(s):

*GC Management e-mail address:

*IPM Certified Agent e-mail address(es):

GC Management phone #:	IPM Agent phone #:
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***Current e-mail addresses are required to receive all correspondence, including audit results.**

I attest that the above information is accurate and complete. I also acknowledge that the golf course owner/operator is responsible to be aware of the requirements of IPM Accreditation as defined by the IPM Council of Canada and that failure to meet the requirements can result in loss of the golf course's IPM Accreditation status.

_____	_____
Owner/Management Representative (please print)	Signature

	Date

**2017 Annual Fee: \$904 (\$800 + HST)
Registration Fee due June 1, 2017**

Please complete and sign this registration form and send with a cheque for \$904.00.
As a not-for-profit association trying to keep costs to a minimum, we regret that we cannot accept credit card payments.

Please make cheque payable to: **IPM Council of Canada** and remit to:
IPM Council of Canada, P.O. Box #7, Milton, ON L9T 2Y3