



IPM ACCREDITATION PROGRAM ANNUAL GOLF FACILITY REGISTRATION FORM

Golf Course Name: _____ GC Registration #: _____

Contact Person: _____

Mailing Address: _____

Physical Address (if different from above): _____

IPM Certified Agent Name(s): _____

IPM Agent Certification Number(s): _____

*GC Management e-mail address: _____

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

GC Management phone #: _____ IPM Agent phone #: _____

***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

Signature

Date

2019 Annual Fee: \$904 (\$800 + HST)

Registration Fee due June 1, 2019

Payment by: Cheque VISA Mastercard

Credit Card #: _____ Expiry Date: _____ CVV Code #: _____

Cardholder Name: _____ Cardholder Signature: _____

Cheques are payable to **University of Guelph**

Return completed registration form with payment of \$904.00 to IPMAP:

IPM Accreditation Program (IPMAP)

University of Guelph Ridgetown Campus

120 Main Street East, Ridgetown ON N0P 2C0

Ph: 1-866-385-4762

Fax: 519-674-1585

Email: rcipmap@uoguelph.ca

HST #R108161829