

**Please send e-transfers to: treasurerppgam@gmail.com
PPGAM Membership Application / Renewal Form**

Contact Information			
Name (First & Last):		Member Since (year):	
Street Address:			
P.O. Box:	City/Town:	Postal Code:	
Home Phone: <input type="checkbox"/> Primary	Cell Phone: <input type="checkbox"/> Primary	Other Phone:	
Email Address:			
Other Interests: <input type="checkbox"/> Member of PPGAM Group on Facebook <input type="checkbox"/> Member of Other Associations/Groups (i.e.) CKC, MAHTA, St. John Ambulance Therapy Dog, etc. If so, please note which one(s):			
Business Information			
Business Name:			
Street Address:			
P.O. Box:	City/Town:	Postal Code:	
Business Phone:	Business Fax:	Other Phone (when applicable):	
Website:			
Service Type: <input type="checkbox"/> Shop <input type="checkbox"/> Daycare	<input type="checkbox"/> Mobile <input type="checkbox"/> Boarding	<input type="checkbox"/> Shop & Mobile	Animals Serviced: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other
I am a: <i>(please select 1-2 most applicable titles)</i> <input type="checkbox"/> Bather <input type="checkbox"/> Student / Novice <input type="checkbox"/> Groomer <input type="checkbox"/> Business / Shop Owner			
Certification Levels Obtained: <i>(please select all that apply)</i>			
<u>Canadian Professional Pet Stylist Certification Levels</u> <input type="checkbox"/> CCST1- Canadian Canine Stylist Technician <input type="checkbox"/> CCST1-Int- Canadian Canine Intermediate Stylist		<u>IPG Certification Levels</u> <input type="checkbox"/> CCS2- Canadian Canine Stylist – Sporting/Non-Sporting/Terrier <input type="checkbox"/> CCMS3- Canadian Canine Master Stylist <input type="checkbox"/> CSP- Certified Salon Professional <input type="checkbox"/> CPG- Certified Professional Groomer <input type="checkbox"/> CAPG- Certified Advanced Professional Groomer <input type="checkbox"/> ICMG- International Certified Master Groomer	
Does your business specialize in any specific grooming techniques? (ex. Creative, Hand Stripping, etc.):			
<input type="checkbox"/> I give permission to the PPGAM to provide my business information as stated above to other members of the association and on any official PPGAM marketing material, such as the Member Directory. Please send e-transfers to: ppgamsecretary@gmail.com			
Membership Application/ Renewal		or Make Cheques Payable to P.P.G.A.M.	
<input type="radio"/> New Membership \$160.00 (includes insurance coverage)		<input type="radio"/> Membership Renewal \$130.00 (due by September 30th each year)	
*NOTE: Memberships not renewed by the due date will default back officially to New Memberships.			
In accordance with PPGAM Bylaws - Article II, Section 2, Paragraph 1, I hereby declare that I have never been convicted of animal abuse. (By submitting this form, your signature below constitutes a legal agreement.)			
Digital Signature*:		Today's Date:	

Please mail cheques to:
 PPGAM Treasurer
 633 13th Street, Apt 2
 Brandon MB R7A 4R4

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