



Indiana Pest Management Association Annual Dues Form

Membership Dues for IPMA ONLY - July 1, 2022 - June 30, 2023

Use this form for IPMA and Allied dues only - For Joint Dues, Use NPMA form

State Membership ONLY - if paid before July 30

\$ 100

NEW: If paid after July 30, include late fee of \$25

\$

IPMA Scholarship Contribution (OPTIONAL)

\$

TOTAL:

\$

Make your check payable to:

INDIANA PEST MANAGEMENT ASSOCIATION, INC.

Mail to: Indiana Pest Management Association

P.O. Box 3926

West Lafayette, IN 47996

COMPANY NAME: _____

MEMBER NAME (Active Member): _____

NEW: Optional Additional Associate Members to be added under this membership. Please list up to two (2) members of your company who will participate in IPMA business and events. Associate members will be included in all IPMA communications and may serve on committees or hold elected office.

NAME _____ EMAIL _____

NAME _____ EMAIL _____

Company Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email Address: _____

Company Website Address: _____

Note: Information provided here will be included in the IPMA Directory

To pay by credit card, provide the information requested below:

Name on Card: _____

Card #: _____

Exp Date: _____

Billing Address: _____

must match the address associated with this credit card

City: _____ State: _____ ZIP: _____

Signature: _____

NOTE: DO NOT USE THIS FORM TO APPLY FOR NEW MEMBERSHIP