



MEMBERSHIP DUES INVOICE FOR IPMA/NPMA JOINT MEMBERSHIP FOR JULY 1, 2018 - JUNE 30, 2019

Joint Membership Dues Breakdown:

A	\$0 - 200,000	\$115.50	\$75	\$190.50
B	\$200,001 - 500,000	\$189	\$75	\$264.00
C	\$500,001 - 1,000,000	\$493.50	\$75	\$568.50
D	\$1,000,001 - 2,500,000	\$750.75	\$75	\$825.75
E	\$2,500,001 - 5,000,000	\$1,270.50	\$75	\$1,345.50
F	\$5,000,001 - 10,000,000	\$3,176.25	\$75	\$3,251.25
G	\$10,000,001 - 15,000,000	\$4,908.75	\$75	\$4,983.75
H	\$15,000,001 - 25,000,000	\$6,641.25	\$75	\$6,716.25
I	\$25,000,001 - 50,000,000	\$12,127.50	\$75	\$12,202.50
J	\$50,000,000 - \$100,000,000	\$24,255.50	\$75	\$24,330.00
K	Over \$100,000,000	\$36,750.00	\$75	\$36,825.00

Joint Membership Dues Amount for 2018-2019

(See Total Dues Owed column above) \$ _____

Dues for those choosing State Membership only (\$75) \$ _____

IPMA Scholarship Contribution (Add to your check or credit charge) \$ _____

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

PLEASE PRINT

Company Name _____

Member's Name _____ Spouse's Name _____

Company Mailing Address _____

City _____ State _____ ZIP _____

Phone Number _____ FAX Number _____

Email Address _____ Web Address _____

Credit Card Payment: Visa Mastercard

Name on Card _____ Expiration Date _____ Card# _____

Billing Address: City _____ State _____ ZIP _____
(if different than above)

Signature _____