



Indiana Pest Management Association Annual Dues Form

MEMBERSHIP DUES INVOICE FOR IPMA MEMBERSHIP FOR JULY 1, 2019 - JUNE 30, 2020

IPMA only & Allied Dues Amount for 2019-2020

For NPMA Joint Dues, use NPMA form

Dues for State Membership only	\$	<u>75</u>
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's Name _____ Spouse's Name _____

Company Mailing Address _____

City _____ State _____ ZIP _____

Phone Number _____ Email Address _____

Web Address _____

Note: Information provided here will be used to update our directory

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

Credit Card Type: Visa Mastercard Other _____

Name on Card _____

Expiration Date _____ Card# _____

Billing Address: City _____ State _____ ZIP _____

(must match the address associated with your credit card)

Signature _____