



Indiana Pest Management Association Membership Application

For Member Year July 1, 2022 - June 30, 2023

PLEASE READ BEFORE COMPLETING THIS FORM

Use this form to apply for Active, Associate or Allied Membership to IPMA. If you wish to apply for a new membership to NPMA you must do so separately and directly through NPMA. New IPMA membership must be submitted to IPMA NOT NPMA for joint membership. Joint membership dues, once established, can be paid in one payment to NPMA.

ACTIVE MEMBERSHIP - must have been established for at least one year in the pest control business, or have a degree from a recognized educational institution with advanced training in entomology and ALSO be an NPMA member.

ASSOCIATE MEMBERSHIP - for businesses not established for a full year, businesses that are not NPMA members, or additional members (up to two) under one active membership.

ALLIED MEMBERSHIP - supplier/vendor membership.

For more information on membership types, see the IPMA ByLaws on our website

COMPANY NAME: _____

MEMBER NAME: _____

Type of Membership (circle one):

Active

Associate

Allied

For Active Memberships: 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

Date Company was established: _____ License#: _____

Certification#: _____ Categories: _____

Company is: Individually Owned
Partnership
Corporation

Services Offered: General PC
Fumigation
Termite Control
Bird Control

Industry Supplier
Ornamental
Weed Control

Authorized representative experience, including any education in entomology or related sciences (include institution with dates): _____

References (Suppliers or Other PMPs): _____

Memberships in Related Organizations: _____

Sponsor Name: _____ Phone: _____ Email: _____

Read before signing: If elected to membership, I agree to comply with the Code of Ethics and other policies of the Association. A check made out to **INDIANA PEST MANAGEMENT ASSOCIATION** in the amount of \$100 (in payment of dues) must accompany this application.

SUBMIT TO: IPMA, P.O. BOX 3926, WEST LAFAYETTE, IN 47996