

**MEMBERSHIP DUES INVOICE  
FOR IPMA/NPMA JOINT MEMBERSHIP  
FOR JULY 1, 2017 THROUGH JUNE 30, 2018**

**Joint Membership Dues Breakdown:**

<b>Dues Class</b>	<b>Annual Sales Volume</b>	<b>NPMA Dues</b>	<b>State Dues</b>	<b>TOTAL DUES OWED</b>
A	\$0-200,000	\$110	\$75	\$185
B	\$200,000-500,000	\$180	\$75	\$255
C	\$500,001-1,000,000	\$470	\$75	\$545
D	\$1,000,001-2,500,000	\$715	\$75	\$790
E	\$2,500,001-5,000,000	\$1,210	\$75	\$1,285
F	\$5,000,001-10,000,000	\$3,025	\$75	\$3,100
G	\$10,000,001-15,000,000	\$4,675	\$75	\$4,740
H	\$15,000,001-25,000,000	\$6,325	\$75	\$6,400
I	\$25,000,001-50,000,000	\$11,550	\$75	\$11,625
J	Over \$50,000,000	\$23,100	\$75	\$23,175

**Joint Membership Dues Amount for 2017-2018**

(See Total Dues Owed column above) \$ \_\_\_\_\_

**Dues for those choosing State Membership only \$75.00** \$ \_\_\_\_\_

**IPMA Scholarship Contribution** (add to your check or)  
(credit charges) \$ \_\_\_\_\_

**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**

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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 (if different than above) \_\_\_\_\_

Signature \_\_\_\_\_