APPLICATION FOR MEMBERSHIP
INDIANA PEST MANAGEMENT ASSOCIATION, INC.

DATE_____

FIRM NAME_____

FIRM ADDRESS_____FAX NUMBER_____
City State Zip

REPRESENTATIVE OF FIRM_____

BUSINESS PHONE_____EMAIL ADDRESS_____

HOME ADDRESS_____

SPOUSE'S NAME_____HOME PHONE_____

DATE FIRM ESTABLISHED _____LICENSE #_____CERT #_____CATEGORIES_____
month/year

FIRM IS: ❑ INDIVIDUALLY OWNED
❑ PARTNERSHIP
❑ CORPORATION

SERVICES OFFERED: ❑ GENERAL PC ❑ INDUSTRY SUPPLIER
❑ FUMIGATION ❑ ORNAMENTAL
❑ TERMITE CONTROL ❑ WEED CONTROL
❑ BIRD CONTROL

AUTHORIZED REPRESENTATIVE EXPERIENCE, INCLUDING ANY EDUCATION IN ENTOMOLOGY OR RELATED SCIENCES (INCLUDE FIRMS WITH DATES).

_____

REFERENCES - optional (SUPPLIERS OR OTHER PCO'S)_____

_____

MEMBERSHIPS IN RELATED ORGANIZATIONS_____

SPONSOR NAME (OPTIONAL)_____

Read before signing.
If elected to membership, I agree to comply with the Code of Ethics and other policies of the Association.

A check drawn to the order of the **Indiana Pest Management Association, Inc.**, in the amount of $75.00 (in payment of dues) must accompany this application.

Applicant Signature_____

Please mail check and completed form to:

Indiana Pest Management Association
P.O. Box 3926
W. Lafayette, IN 47996

Membership Committee Approval:

Elected to: ❑Active ❑Associate ❑Allied

Date Elected:_____