



# STATE-ONLY MEMBERSHIP FORM

## 2023 Illinois Pest Control Association

FIRM \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

ACTIVE MEMBERSHIP Gross Income for PMP's Main Illinois Office	IPCA DUES	AMOUNT DUE
\$0 – \$200,00	\$35.00	
\$200,001 – \$400,000	\$235.00	
\$400,001 – \$750,000	\$375.00	
\$750,001 – \$2,500,000	\$450.00	
\$2,500,001 – \$10,000,000	\$475.00	
\$10,000,000 +	\$650.00	
<b>BRANCH LOCATIONS</b> – Additional locations to receive IPCA mailings. Must have Active IL membership. Please send names & addresses of branch location on separate sheet.	<b>\$25.00 per branch office</b>	
<b>SPECIAL DONATION</b> – IPCA Scholarship	<b>\$10,00</b>	
<b>TOAL AMOUNT DUE:</b>		

### PAYMENT INFORMATION:

Send the application and appropriate payment to:

**Illinois Pest Control Association**  
 10460 North Street  
 Fairfax, VA 22030  
 Fax: 703 352 3031

MY CHECK IS ENCLOSED: # \_\_\_\_\_

PLEASE BILL MY  VISA  MASTER CARD  AMEX

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!**

QUESTIONS? Please contact IPCA at 703-352-6762 / [coordinator@ipcaonline.org](mailto:coordinator@ipcaonline.org)  
[www.ipcaonline.org](http://www.ipcaonline.org) | [www.npmapestworld.org](http://www.npmapestworld.org)