



# ALLIED MEMBERSHIP APPLICATION

Membership from **July 1, 2025 – June 30, 2026**

**Renew online at: [www.iowapest.org/members.php](http://www.iowapest.org/members.php)**

**Or mail this form with payment to IPMA**

Company ( ) \_\_\_\_\_ Contact Person ( ) \_\_\_\_\_

Address ( ) \_\_\_\_\_ City ( ) \_\_\_\_\_

State ( ) \_\_\_\_\_ Zip ( ) \_\_\_\_\_ Email ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Website ( ) \_\_\_\_\_

\*Please (✓) any information that you do NOT want included on the online member directory

The contact person listed above will receive notices for membership renewal, conference booth registration, and the quarterly e-newsletter. Please include any additional representatives and contact information on the back of this form.

## PAYMENT INFORMATION

*Please send form and payment to:*

Iowa Pest Management Association  
PO Box 381  
Muscatine, IA 52761

My check for \$95 is enclosed. Check # \_\_\_\_\_

Please charge \$95 to my:  Visa  Mastercard  Discover

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

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

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)