IOWA PEST MANAGEMENT ASSOCIATION
"Protecting Your Home, Health & Environment"

ALLIED MEMBERSHIP APPLICATION

Membership from **July 1, 2026 – June 30, 2027**

Renew online at: 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)