



MEMBERSHIP APPLICATION ILLINOIS



NPMA and IPCA Joint Membership
January 1, 2022 - December 31, 2022

FIRM _____ STRUCTURAL PEST CONTROL BUSINESS LICENSE NO. _____ STRUCTURAL PEST CONTROL TECHNICIAN'S NO. _____

CONTACT NAME _____ TITLE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-MAIL _____ WEBSITE _____

ANNUAL REVENUE _____ # OF EMPLOYEES _____ YEARS IN BUSINESS _____

Please select your dues class in Table A and Table B to determine your total membership amount due.

TABLE A: IPCA Dues

Dues Class	Active Membership Gross Income for PCO's Main Illinois Office	IPCA Dues
A	\$0 – \$200,000	\$35
B	\$200,001 – \$400,000	\$235
C	\$400,001 – \$750,000	\$375
D	\$750,001 – \$2,500,000	\$450
E	\$2,500,001 – \$10,000,000	\$475
F	\$10,000,001 +	\$650
Special Dues Categories		
Associate Member - PCO in business less than 1 year.		\$35 + Corresponding NPMA dues
Limited Associate Member - Home inspector, housing authority, food industry		\$200
Allied Member		\$200
Special Donations — IPCA Scholarship		\$10

TABLE B: NPMA Dues

Dues Class	Annual Sales Volume	NPMA Dues
A	\$0 – 499,999	\$185
B	\$500,000 – 599,999	\$375
C	\$600,000 – 699,999	\$450
D	\$700,000 – 799,999	\$525
E	\$800,000 – 899,999	\$600
F	\$900,000 – 999,999	\$675
G	\$1M – 1,499,999	\$750
H	\$1.5M – 1,999,999	\$935
I	\$2M – 2,499,999	\$1,125
J	\$2.5M – 2,999,999	\$1,315
K	\$3M – 3,499,999	\$1,500
L	\$3.5M – 3,999,999	\$1,690
M	\$4M – 4,499,999	\$1,875
N	\$4.5M – 4,999,999	\$2,065
O	\$5M – 5,999,999	\$2,250
P	\$6M – 6,999,999	\$2,625
Q	\$7M – 7,999,999	\$3,000
R	\$8M – 8,999,999	\$3,375
S	\$9M – 9,999,999	\$3,750
T	\$10M – 10,999,999	\$4,125
U	\$11M – 11,999,999	\$4,500
V	\$12M – 12,999,999	\$4,875
W	\$13M – 13,999,999	\$5,250
X	\$14M – 14,999,999	\$5,625
Y	\$15M – 19,999,999	\$6,000
	Over \$20M	Call NPMA

PCO businesses with headquarters outside of IL, [click here](#) to download the IL State-Only application.

PAYMENT INFORMATION

TABLE A: IPCA DUES \$ _____

+ TABLE B: NPMA DUES \$ _____

TOTAL AMOUNT DUE \$ _____

My check is enclosed: # _____
Please bill my: VISA MasterCard AMEX

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

CARDHOLDER NAME _____

SIGNATURE _____

Send the application and payment to:
National Pest Management Association
10460 North Street, Fairfax, VA 22030
Fax: 703-352-3031 / Email: alindley@pestworld.org

THANK YOU FOR YOUR SUPPORT!

Questions? Please contact IPCA at 703-352-6762 / coordinator@ipcaonline.org
www.ipcaonline.org | www.npmapestworld.org