

Illinois Professional Lawn Care Association

iplca.org

11855 Archer Avenue
Lemont, IL 60439

Application for Membership

First Name _____ Last Name _____ Middle Initial _____

Company _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Website _____

Email _____

Phone _____ Fax _____

Membership Class and Level

Lawn Care Provider

- \$95 Membership
- \$20 Student (school & ID#) _____
- Other allied to the field
(e.g. educator, media) _____

Supplier/ Manufacturer

- \$250 Bronze Blade
- \$350 Silver Blade
- \$450 Golden Blade
- \$600 Platinum Blade

Please contact me, I'm interested in serving the Association Total _____

Please include payment with application. Make checks payable to: *Illinois Professional Lawn Care Association (IPLCA)*
Mail completed application and payment to: IPLCA 11855 Archer Avenue, Lemont, IL 60439 (Payments are annual dues.)

Additional Membership Information *If registering more than one person from the same company fill in below:*

Member 2 _____
First Name Last Name

Member 2 Email _____

Member 3 _____
First Name Last Name

Member 3 Email _____



Please Mail Completed Application to:

IPLCA
11855 Archer Avenue
Lemont, IL 60439
www.iplca.org
p. 630-670-7522

| Office Use Only |
|-------------------------------------|
| <input type="checkbox"/> Paid _____ |
| Check No. _____ |
| Entered _____ |