



## **Illinois Mosquito & Vector Control Association**

1816 S. Oak St., Champaign, IL 61820

### **Application for Individual Membership(s)**

**Name(s)**(\*\*please individually name all members applying\*\*):

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**Organization:** \_\_\_\_\_

**Primary address:** \_\_\_\_\_

**Primary Contact phone:** \_\_\_\_\_

**Alternate phone:** \_\_\_\_\_

**Primary Contact e-mail address:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

**To join IMVCA, annual dues are \$25 per person.**

Late dues (paid after July 31) are \$30.00 per person.

Mail applications to:

Illinois Department of Public Health  
Attn: Sharon Verzal – IMVCA  
West Chicago Regional Office  
245 W. Roosevelt Road, #5  
West Chicago, Illinois 60185

In "Memo/For" section of check please write **the organization or member name** and "IMVCA Dues"

**Questions?** E-mail: [IMVCAinbox@gmail.com](mailto:IMVCAinbox@gmail.com)