



Membership Application

For IBBRA Membership

Date: _____

My membership will be in the state of: _____ Country: _____

And will be listed as an authoritative bed bug resource on the IBBRA.org web site(s) and be called upon as an extension of the IBBRA/Bed Bug Task Force in your designated area.

Referred by: (if applicable) _____

COMPANY INFORMATION:

Company Name: _____

Contact Person: _____

License #: _____

Insured By: _____

(Please email a copy or scan recent proof of license and insurance to contact@ibbra.org)

Street Address: _____

City, State, Zip: _____

Phone (_____) _____ Toll Free (_____) _____

Fax (_____) _____

Web URL: _____

Email Address: _____

Years in Business: _____

SERVICE(S) OFFERED:

(Please circle all applicable to your Pest Control Company/Service or product)

(G) General Pest Control, (B) Bed Bugs (C) Construction, (F) Fumigation, (BBD) Bed Bug Detection Dog(s) (BBE) Bed Bug Education (P) Bed Bug Certified Product(s) (R) Restoration (P) Prep work – pre and post (RM) Risk Management (L) Legal (HT) Heat Treatments

(O) Other _____

How did you hear about us? News _____ Search Engine _____ Web Site _____

Other _____

OWNER INFORMATION: (IF OTHER THAN ABOVE)

Name (s): _____

Home Address: _____

City, State & Zip: _____



Membership Application

Phone:(_____)_____ Fax:(_____)_____

Shipping Address (if different than above): _____

City, State, Zip: _____

Areas you offer service in: (State – cities – counties) _____

The membership of this association shall consist of only invited, pre-screened, qualified and active members and will abide by the Bylaws of the IBBRA.

(See the IBBRA Membership Qualifications and Policies)

I hereby apply for Membership in the IBBRA and I agree to abide by the Policies of the Membership Agreement for five years or throughout your membership.

Authorized Signature: _____ Date: _____

PLEASE RETURN YOUR APPLICATION TO: contact@ibbra.org

Your application email should include:

- Completed Application
- Initialed Membership Qualifications and Policies
- Proof of Insurance
- Proof of Licence

Thank you for your interest in the IBBRA!
An IBBRA representative will reply to your application within 48 hours. If you have any questions feel free to email contact@ibbra.org or call 1-888-966-2332.

Memberships are limited to registered firms and their employees actively engaged in the practice and services of Bed Bugs. Member shall be licensed/insured, and in good standing within the District in which they are registered. A registered member shall designate one person to represent their company and is classified as the "member".