



ILLINOIS PLUMBING EDUCATION ASSOCIATION

Western Illinois

“Education Improves Quality”

MEMBERSHIP APPLICATION & ANNUAL DUES NOTICE

(please print or type)

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Name: _____

Mailing Address: _____

City, State, Zip: _____

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PROFESSION:

Inspector Contractor Engineer

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Full Time Part Time

Employer: _____

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City, State, Zip: _____

Phone Number: _____

IL License No.: _____

Signature: _____ **Date:** _____

\$30 Membership / Annual Dues

Checks should be made payable to:

IPEA - Western IL

Remit Application & Payment:

Butch Motzer

915 16th Avenue

East Moline, IL 61244