



2017 APS Sustaining Associate Membership Form

Company Information.....

Company Name _____
 Address _____
 City _____ State/Province _____
 Country _____ Zip/Postal Code _____
 Phone _____ Fax _____
 Website _____

125-Word Company Description

Company Representative Information

Mr. Mrs. Ms. Dr. Gender: Male Female
 Name _____
 Title _____
 Phone _____
 E-mail _____

Agreement

We hereby apply for membership in APS. We agree that our APS journal(s) are for company use only. We acknowledge that our Company information will be listed on the APS website in the online membership directory and the Sustaining Associate directory. We accept to receive information from APS via e-mail. Membership dues/subscription(s) will begin upon receipt of payment and are payable annually.

Applicant's Signature *Date*

Membership Dues

	U.S.A.	Canada	Elsewhere
1-100 Employees	<input type="checkbox"/> \$645	<input type="checkbox"/> \$675	<input type="checkbox"/> \$730
101+ Employees	<input type="checkbox"/> \$875	<input type="checkbox"/> \$905	<input type="checkbox"/> \$960

Journals

(Choose two. Subscriptions to two print journals are included in your dues.)

Phytopathology (12 issues)
 Plant Disease (12 issues)
 Molecular Plant-Microbe Interactions (12 issues)
 Check here to receive all three journals \$130 \$ _____

If you would prefer online access to APS journals instead of the two print journals, provide the quantity of scientists and other technical staff at your location, along with the number of total staff at the location. Online access to APS journals may be provided to your scientists at one location or multiple locations for an additional subscription fee. As a Sustaining Associate Member of APS your quote will include discount pricing.

Journal Shipping Rates

(Select the shipping rate appropriate to the location the journals will be sent to.)

U.S. \$0
 Canada \$30
 Elsewhere Airmail: 5-7 weeks \$85 \$ _____

Applicable Tax

Canadian Residents add 5% GST/HST tax to print journal price.
 \$ _____

Total Membership Fees \$ _____

Your payment confirms membership and journal subscription(s) for a 12-month period.

Payment Options

Check enclosed, made payable to APS in U.S. funds on U.S. Bank. *(When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.)*

Charge to my: Visa Mastercard
 American Express Discover

Credit Card Number _____

Expiration Date _____ / _____
 Month Year

Card Holder's Name _____

Card Holder's Signature _____

TWO WAYS TO JOIN

Send us your completed application with payment by mail:

The American Phytopathological Society
 Attn. Denise Kessler
 3340 Pilot Knob Road
 St. Paul, MN 55121 U.S.A.

Or by Fax:

+1.651.454.0766

Questions?

Contact us at 1.800.481.2698 (in U.S.)

International: +1.651.454.7250

E-mail apsinfo@scisoc.org or visit www.apsnet.org