

**Personal Data**

My member number (if known) \_\_\_\_\_

The address listed is my:  Business  Home

Mr.  Mrs.  Ms.  Dr.

Name \_\_\_\_\_  
First Name M.I. Last/Surname

Title \_\_\_\_\_

Institution/Company \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone \_\_\_\_\_  
(include country, city, and/or area codes)

Cell Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_  
(required for ordering online journals)

Personal Website \_\_\_\_\_

*This information will remain confidential:*

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
Month Day Year

**APS Member Dues (choose one)**

Regular \$76  Post-Doc \$53  Student \$30  
 \$ \_\_\_\_\_

Faculty Endorsement \_\_\_\_\_  
(Students and Post-Docs must be in a degree-seeking accredited institution verified with a faculty signature.)

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North Central	<input type="radio"/> \$10	<input type="radio"/> \$5	<input type="radio"/> \$5
Northeastern	<input type="radio"/> \$15	<input type="radio"/> \$5	<input type="radio"/> \$5
Pacific	<input type="radio"/> \$5	<input type="radio"/> \$1	<input type="radio"/> \$1
Potomac	<input type="radio"/> \$10	<input type="radio"/> \$5	<input type="radio"/> \$5
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**Affiliated Organizations**

Chinese Society for Plant Pathology  \$15  \$10  \$5  
 International Society for Plant Pathology  \$16  \$16  \$16  
 \$ \_\_\_\_\_

**Journal Options**

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