

2009 APS Member Application

BREAKTHROUGH—Advance Your Scientific Excellence With APS

2010

Personal Data

Referring Member Name _____

I'm a former member of APS

How did you hear about APS? (Choose one)

Book Catalog Colleague Direct Mail E-mail

Journal Ad Meeting Webpage

Other _____

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.)

Estimated Date of Graduation _____

Scientists in Developing Countries: Please download a special group membership application at www.apsnet.org/visitors/mbrgrp.asp

Newsletter Options

Membership includes 12 issues of *Phytopathology News*.

How would you like to receive your issues?

Online (PDF with e-mail notice) Print (mailed via U.S.P.S.)

Division/Affiliated Organization Options

Division	Regular	Post-Doc	Student
Caribbean	<input type="radio"/> \$10	<input type="radio"/> \$10	<input type="radio"/> \$10
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
Southern	<input type="radio"/> \$5	<input type="radio"/> \$3	<input type="radio"/> \$3

Affiliated Organizations

Chinese Society for Plant Pathology	<input type="radio"/> \$15	<input type="radio"/> \$10	<input type="radio"/> \$5
International Society for Plant Pathology	<input type="radio"/> \$16	<input type="radio"/> \$16	<input type="radio"/> \$16

\$ _____

Journal Options

	Online	Print (12 issues)		
	All locations	U.S.A.	Canada	Intl. Airmail
<i>Molecular Plant-Microbe Interactions (MPMI)</i>	<input type="radio"/> \$79	<input type="radio"/> \$108	<input type="radio"/> \$127	<input type="radio"/> \$139
<i>Phytopathology</i>	<input type="radio"/> \$69	<input type="radio"/> \$99	<input type="radio"/> \$119	<input type="radio"/> \$128
<i>Plant Disease</i>	<input type="radio"/> \$69	<input type="radio"/> \$99	<input type="radio"/> \$119	<input type="radio"/> \$128
<i>Plant Management Network</i>	<input type="radio"/> \$38			
<small>(available online only)</small>				\$ _____

Print Plus Online—Save \$42 when you order both!

	U.S.A.	Canada	Intl. Airmail
	<i>Molecular Plant-Microbe Interactions (MPMI)</i>	<input type="radio"/> \$145	<input type="radio"/> \$164
<i>Phytopathology</i>	<input type="radio"/> \$126	<input type="radio"/> \$146	<input type="radio"/> \$155
<i>Plant Disease</i>	<input type="radio"/> \$126	<input type="radio"/> \$146	<input type="radio"/> \$155
			\$ _____

Note: Your journal subscription will start with the next available issue.

Applicable Tax: Canadian residents that are not exempt from GST/HST tax, add \$6 (5%) to "Canada" price for print journal(s) or dual option(s).

Total Membership Fees \$ _____

Payment Options

Check enclosed, made payable to APS in U.S. funds on U.S. Bank.
 Charge to my: Visa Mastercard American Express

Credit Card Number _____

Expiration Date ____/____/____
Month Year

Card Holder's Name _____

Card Holder's Phone _____
(If other than member phone number)

Agreement: I hereby apply for membership in APS. I agree that my APS journal(s) are for personal use and will not be placed in a library. I accept to receive information from APS via e-mail, and acknowledge that my contact information will appear on the APS website in the online membership directory, unless I have stated otherwise. Membership dues/subscription(s) will begin upon receipt of payment and are payable annually.

Applicant's Signature

Date



Send your application with payment today to:

The American Phytopathological Society
 3340 Pilot Knob Road
 St. Paul, MN 55121 U.S.A.
 Fax: +1.651.454.0766

Questions? Contact Member Services at 1.800.481.2698, +1.651.454.7250 (outside U.S.), apsinfo@scisoc.org, or visit APSnet at www.apsnet.org.

Apply online at www.apsnet.org/visitors/mbrinfo.asp