

APS Developing Economy Discounted Membership Form

Please fill out the below membership information for the developing economy discounted membership.

Applications can be mailed to APS Headquarters.

You can also join online at apsnet.org/join.

For a list of qualifying countries, visit apsnet.org/members/community/join/Pages/countries.aspx

Member Information

First Name _____

Last Name _____

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 is optional and confidential:

Birth Year _____

Gender: Man Woman Non-binary Prefer not to answer

Not listed/Other _____

Pronoun _____

Discounted Membership Dues

Option #1 \$15 (1 year)

Option #2 — One (1) complimentary ONLINE APS journal

Regular \$91 Early Career \$62 Student \$38

Online Journal Choice:

Phytopathology Plant Disease

Total \$ _____

***Students Only—Faculty Endorsement**

(Students must be in a degree-seeking accredited institution verified with a faculty signature.)

Estimated Date of Graduation _____

Affiliated Organizations

Chinese Society for Plant Pathology \$20

International Society for Plant Pathology \$16

Indian Phytopathological Society \$15

Total \$ _____

Payment Options

Bank Transfer (contact apshq@scisoc.org)

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 Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.)

Credit Card: For your security, accepted online only

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



Questions?

Contact Member Services

+1.651.454.7250 (outside U.S.) • apshq@scisoc.org

The American Phytopathological Society

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