



Caribbean Division of The American Phytopathological Society

APS Caribbean Division Membership Application

(PLEASE PRINT):

Name: _____
Organization: _____
Address: _____
City: _____ State: _____ Postal Code: _____
COUNTRY _____
Telephone No.: _____ Fax: _____
E-mail address: _____

Annual Division Dues:

Professional Membership: **\$15.00** (\$USD) _____
Student/Post-Doc or Early Career Membership **\$ 5.00** (\$USD) _____

Method of Payment:

- Check enclosed (Make checks payable to APS Caribbean Division in U.S. funds on U.S. banks)
 Charge to credit card Visa MC AMEX

Credit Card # _____

Expiration date: _____

3- digit security code: _____

Cardholder's name (please print) _____

Signature

Mail or Fax application form and payment information to:
APS, 3285 Northwood Circle, Ste 100, St. Paul, MN 55121 USA, Secure Fax:
(651)454-0766