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