



## 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, 3352 Sherman Ct. Ste. 202, St. Paul MN 55121 USA, Secure Fax: (651)454-0766