



APS Individual Membership Application

Member Information

Referring Member Name _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name _____
First Name M.I. Last/Surname

Title _____

Institution/Company _____

Department _____

Address _____

City _____

State _____

Zip/Postal Code _____ Country _____

Phone _____
(include country, city, and/or area codes)

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 _____

Membership Dues

Membership includes 11 free issues of *Phytopathology News*.

☐ Regular \$90 ☐ Early Career \$61 ☐ Student \$37*

\$ _____

***Students Only—Faculty Endorsement** _____

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

Estimated Date of Graduation _____

Divisions & Affiliated Organizations

Division	Regular	Student/Early Career
Caribbean	<input type="checkbox"/> \$15	<input type="checkbox"/> \$5
North Central	<input type="checkbox"/> \$10	<input type="checkbox"/> \$5
Northeastern	<input type="checkbox"/> \$15	<input type="checkbox"/> \$5
Pacific	<input type="checkbox"/> \$10	<input type="checkbox"/> \$2
Potomac	<input type="checkbox"/> \$15	<input type="checkbox"/> \$10
Southern	<input type="checkbox"/> \$20	<input type="checkbox"/> \$5

Affiliated Organizations

Chinese Society for Plant Pathology	<input type="checkbox"/> \$20
International Society for Plant Pathology	<input type="checkbox"/> \$16
Indian Phytopathological Society	<input type="checkbox"/> \$15

\$ _____

Journals

	U.S.	Canada	Intl Air
Print Journal (12 monthly issues)			
<i>Phytopathology</i>	<input type="checkbox"/> \$159	<input type="checkbox"/> \$194	<input type="checkbox"/> \$207
<i>Plant Disease</i>	<input type="checkbox"/> \$159	<input type="checkbox"/> \$194	<input type="checkbox"/> \$207

Online Journal (12 monthly issues)			
<i>Phytopathology</i>	<input type="checkbox"/> \$108	<input type="checkbox"/> \$108	<input type="checkbox"/> \$108
<i>Plant Disease</i>	<input type="checkbox"/> \$108	<input type="checkbox"/> \$108	<input type="checkbox"/> \$108
<i>MPMI</i>			
<i>Phytobiomes</i>			
	Gold Open Access		
	Gold Open Access		

Dual (Print + Online)—SAVE \$60			
<i>Phytopathology</i>	<input type="checkbox"/> \$207	<input type="checkbox"/> \$242	<input type="checkbox"/> \$255
<i>Plant Disease</i>	<input type="checkbox"/> \$207	<input type="checkbox"/> \$242	<input type="checkbox"/> \$255

\$ _____

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

Online Resources

APS Image Database (12-month subscription)	<input type="checkbox"/> \$49
Laboratory Protocols for Phytophthora Species (Access to 70+ protocols)	<input type="checkbox"/> \$49
Compendium of Plant Diseases and Pests Online Book Series (Access to 10-12 recent titles)	<input type="checkbox"/> \$199
PDMM and Plant Health Progress	<input type="checkbox"/> \$49

Total Membership Fees \$ _____

Applicable Tax and Shipping—Canada: Add 5% GST/HST to the print and/or online product options. Intl Air: 4–8 weeks for delivery.

Payment Options

- ☐ Enroll me in the APS Auto-Renew Program
(More information available at apsnet.org/members/community/join/Pages/Auto-Renew.aspx)
- ☐ 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 shared with others. I agree 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. I agree to be governed by the Society's Constitution, By-Laws, and Code of Conduct available online at www.apsnet.org/about/governance and will conduct myself in a manner consistent with the best interest of phytopathology. Membership dues/subscription(s) will begin upon receipt of payment and are payable annually.

Applicant's Signature

Date

The American Phytopathological Society, 3352 Sherman Court, Suite 202, St. Paul, MN 55121 U.S.A.

Questions? Contact Member Services at +1.651.454.7250 (outside U.S.) • apshq@scisoc.org • apsnet.org