



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
African	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
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

Print Journal (12 monthly issues)	U.S.	Canada	Intl Air
<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)	U.S.	Canada	Intl Air
<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>	Gold Open Access		
<i>Phytobiomes</i>	Gold Open Access		

Dual (Print + Online)—SAVE \$60	U.S.	Canada	Intl Air
<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) \$49

Laboratory Protocols for Phytophthora Species (Access to 70+ protocols) \$49

Compendium of Plant Diseases and Pests Online Book Series (Access to 10-12 recent titles) \$199

PDMR and Plant Health Progress \$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