

2009 Sustaining Associate Membership Application

BREAKTHROUGH—Advance Your Company's Research and Visibility

2051

Company Information

Company Name _____
Business Address _____
City _____ State/Province _____
Country _____ Zip/Postal Code _____
Business Phone _____
(include country, city, and/or area codes)
Fax _____
Website Address _____

Company Representative Information

Mr. Mrs. Ms. Dr. Gender: Male Female
Name _____
Title _____
Daytime Phone Number _____
(include country, city, and/or area codes)
Fax _____
E-mail Address _____

Membership

(Must check one. Dues are based on your company's number of employees. Includes 12 issues of the APS newsletter *Phytopathology News* and your choice of two journals listed below.)

- 1-100 employees \$580
 101+ employees \$795 \$ _____

APS Journals

(Choose two. Subscriptions to two of the three print journals are included in your membership dues.)

- Phytopathology* (12 issues)
 Plant Disease (12 issues)
 Molecular Plant-Microbe Interactions (12 issues)
 Check here to receive all three journals \$120 \$ _____

Journal Shipping Rates

(Select the shipping rate appropriate to the location the journals will be sent to.)

- U.S. \$0
 Canada \$30
 Elsewhere Airmail: 5-7 weeks \$85 \$ _____

Applicable Tax

Canadian Residents add 5% GST/HST tax to print journal price.

\$ _____

Total Membership Fees \$ _____

Your payment confirms membership and journal subscription(s) for a 12-month period.

General Description

Please e-mail a description to Denise Kessler at dkessler@scisoc.org, not to exceed 125 words, of your company's products/services. Include the date your company was founded. This information will be used to promote your company in the online APS Sustaining Associate Directory and future issues of *Plant Disease*.

Agreement

We hereby apply for membership in APS. We agree that our APS journal(s) are for company use only. We acknowledge that our Company information will be listed on the APS website in the online membership directory and the Sustaining Associate directory. We accept to receive information from APS via e-mail. Membership dues/subscription(s) will begin upon receipt of payment and are payable annually.

Applicant's Signature

Date

Payment Options

- Check enclosed, made payable to APS in U.S. funds on U.S. Bank.
 Charge to my: Visa Mastercard American Express

Credit Card Number _____

Expiration Date ____ / ____
Month Year

Card Holder's Name _____

Card Holder's Signature _____



Two ways to join. Send us your completed application with payment by mail or fax.

Mail: The American Phytopathological Society, 3340 Pilot Knob Road, St. Paul, MN 55121 U.S.A. • **Fax:** +1.651.454.0766
Questions? Contact APS Headquarters at 1.800.481.2698 (in U.S.), +1.651.454.7250, apsinfo@scisoc.org, or go to www.apsnet.org