

2009 APS Group Membership

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Please type or clearly print information in the spaces below.

This special offer is for plant pathologists in developing countries only.

2063

Group Leader

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Institution/Agency _____
Department _____
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City _____ Country _____
Postal Code _____
Phone _____
Fax _____
E-mail _____
Birthdate ____ / ____ / ____
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#: _____

T: _____
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For Office Use

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First Name _____ Last Name _____
Address (if different than above) _____
City _____ Country _____
Postal Code _____
Phone _____
Fax _____
E-mail _____
Birthdate ____ / ____ / ____
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We hereby apply for group membership in APS. We agree that the APS journal(s) are for group use only and will not be placed in a public library. We accept to receive information from APS via e-mail, and acknowledge that our contact information will appear on the APS website in the online membership directory, unless we have stated otherwise. Membership dues/subscription(s) will begin upon receipt of payment and are payable annually.

Group Leader Signature _____ Date _____

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Membership Options: 2009 Group Membership Rates

Group Membership (developing countries only) \$76

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Membership includes 12 issues of *Phytopathology News*.

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(12 issues sent monthly and/or 12 months access to issues online)

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Total Membership Fees \$ _____

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- Check enclosed, made payable to *The American Phytopathological Society* in U.S. funds on U.S. Bank
- Money order enclosed, made payable to *The American Phytopathological Society* in U.S. funds on U.S. Bank
- Payment by Bank Transfer (Contact Denise Kessler at dkessler@scisoc.org for account information)
- Charge the total membership fees above to my: Visa Master Card American Express

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The American Phytopathological Society
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St Paul, MN 55121 U.S.A.
Fax: +1.651.454.0766

Questions?

Contact APS Member Services at:
Phone: +1.651.454.7250
E-mail: apsinfo@scisoc.org
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Thank you for your application and support of The American Phytopathological Society!