



APS Sustaining Associate Membership Application

Company Information.....

Company Name _____
 Address _____
 City _____ State/Province _____
 Country _____ Zip/Postal Code _____
 Phone _____ Fax _____
 Website _____

General Description

Company Representative Information

Mr. Mrs. Ms. Dr.
 Gender: Male Female Non-binary Prefer not to answer
 Not listed/Other _____
 Name _____
 Title _____
 Phone _____
 E-mail _____

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. We 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 ourselves in a manner consistent with the best interest of phytopathology. Membership dues/subscription(s) will begin upon receipt of payment and are payable annually.

Membership Dues

	U.S.A.	Canada	Elsewhere
1-100 Employees	<input type="checkbox"/> \$690	<input type="checkbox"/> \$720	<input type="checkbox"/> \$775
101+ Employees	<input type="checkbox"/> \$930	<input type="checkbox"/> \$960	<input type="checkbox"/> \$1,015

Applicant's Signature *Date*

Journals

(Subscriptions to print journals are included in your dues.)

- Phytopathology* (12 issues)
 Plant Disease (12 issues)

If you would prefer online access to APS journals instead of the two print journals, provide the quantity of scientists and other technical staff at your location, along with the number of total staff at the location. Online access to APS journals may be provided to your scientists at one location or multiple locations for an additional subscription fee. As a Sustaining Associate Member of APS your quote will include discount pricing.

Payment Options

- 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 Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.)*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, call in details

Total Membership Fees \$ _____

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

Send your completed application with payment to:

The American Phytopathological Society
 3285 Northwood Circle, Suite 100
 St. Paul, MN 55121 U.S.A.

Questions?

Contact us at +1.651.454.7250
 E-mail apshq@scisoc.org or visit apsnet.org