



2010 Membership Renewal Form

Please check all that apply: #4010

Mr. Ms. Mrs. Dr.

The address listed is my: Business Home

Name _____
First Name M.I. Last/Surname

Title _____

Employer/Co./Inst. _____

Department _____

Street Address _____

City _____

State _____ Zip/Postal Code _____

Country _____

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

Fax Number _____

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

E-mail Address _____
(required if ordering online journals)

This information will remain confidential

Male Female

Date of Birth ____/____/____
Month Day Year

Membership Options

Our newsletter, *IS-MPMI Reporter*, can be found online at www.ismpminet.org/newsletter

One Year Membership Dues

\$45 Regular \$30 Post-Doc \$15 Student

Two Year Membership Dues - Save 20%!

\$72 Regular \$48 Post-Doc \$24 Student

(Please complete Student/Post-Doc Certification below.)

\$ _____

Student/Post-Doc Certification

(Students and Post-Docs must be in a degree-seeking, accredited institution verified with a faculty signature)

University _____

Estimated Year of Graduation _____

Faculty Endorsement _____

Molecular Plant-Microbe Interactions (MPMI) Journal

One Year Option

	USA	Canada	Int'l Expedited (3-4 weeks)
Print Version (12 issues sent monthly)	<input type="radio"/> \$111	<input type="radio"/> \$131	<input type="radio"/> \$143
Online Version (12-month access)	<input type="radio"/> \$81	<input type="radio"/> \$81	<input type="radio"/> \$81
Dual Option	<input type="radio"/> \$149	<input type="radio"/> \$169	<input type="radio"/> \$181
Print & Online Versions - SAVE \$43			

\$ _____

Two Year Option (Two Year Membership Only) - Save 20%

Print Version (24 issues sent monthly)	<input type="radio"/> \$178	<input type="radio"/> \$210	<input type="radio"/> \$229
Online Version (24-month access)	<input type="radio"/> \$130	<input type="radio"/> \$130	<input type="radio"/> \$130
Dual Option	<input type="radio"/> \$238	<input type="radio"/> \$270	<input type="radio"/> \$290
Print & Online Versions - SAVE \$70			

\$ _____

Application Totals

Subtotal from Membership Options \$ _____

Subtotal from Journal Options \$ _____

Total Due \$ _____

Payment Options

Payable in U.S. Funds only.

Check (Must be drawn on U.S. Federal Reserve System Member Bank, payable to IS-MPMI)

Payment by Bank Transfer (Contact Denise Kessler at dkessler@scisoc.org for account information)

Credit card, choose one of the following, and include pertinent information:

American Express MasterCard Visa

Card number: _____

Cardholder's name _____

Cardholder's phone _____

Expiration Date ____/____
Month Year If other than member phone number

Terms of Agreement

I hereby apply for renewal of my membership in IS-MPMI. I agree that my IS-MPMI journal is for personal use and will not be placed in a library. I accept to receive information from IS-MPMI via e-mail, and acknowledge that my contact information will appear on the IS-MPMI website in the online membership directory and the directory issue of IS-MPMI Reporter, unless I have stated otherwise.

Signature _____

Date _____

Mail completed renewal form to:

International Society for Molecular Plant-Microbe Interactions • 3340 Pilot Knob Road • St. Paul, MN 55121 U.S.A.

Questions? Contact Member Services—Phone: +1.651.454.7250 • Toll-free in U.S.: 1.800.481.2698 • Fax: +1.651.454.0766

E-mail: ismpmiinfo@scisoc.org or go to IS-MPMI at www.ismpminet.org

RENEWAL FORM