

# IS-MPMI

International Society for  
Molecular Plant-Microbe Interactions

Referring Member Name \_\_\_\_\_

Please check all that apply:

Male  Female

Mr.  Ms.  Mrs.  Dr.

Have you ever been an IS-MPMI member? Yes No

The address listed is my:  Business  Home

Name \_\_\_\_\_

Title \_\_\_\_\_

Employer/Co./Inst. \_\_\_\_\_

Department \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 2018 Membership Options

Membership	Price	2-Year Discount
------------	-------	-----------------

Regular	<input type="checkbox"/> \$50	<input type="checkbox"/> \$80
---------	-------------------------------	-------------------------------

Post-Doc	<input type="checkbox"/> \$35	<input type="checkbox"/> \$56
----------	-------------------------------	-------------------------------

Student	<input type="checkbox"/> \$20	<input type="checkbox"/> \$32
---------	-------------------------------	-------------------------------

Enroll me in the IS-MPMI Auto-Renew Program  
(More information available at [www.ismpmi.com/auto-renew](http://www.ismpmi.com/auto-renew))

### 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 \_\_\_\_\_

Subtotal this side \$ \_\_\_\_\_

### Mail or Fax completed application:

3340 Pilot Knob Road  
St. Paul, MN 55121 U.S.A  
.Fax: +1.651.454.0766

### Questions? Contact Us!

Phone: +1.651.454.7250 • Toll-free: 1.800.481.2698  
E-mail: [ismpmi@scisoc.org](mailto:ismpmi@scisoc.org) • Web: [www.ismpmi.org](http://www.ismpmi.org)

## Molecular Plant-Microbe Interactions Journal Options

Print Journal	U.S.	Canada	Intl Air
---------------	------	--------	----------

12 monthly issues	<input type="checkbox"/> \$154	<input type="checkbox"/> \$182	<input type="checkbox"/> \$199
-------------------	--------------------------------	--------------------------------	--------------------------------

24 monthly issues (select with 2-year option)	<input type="checkbox"/> \$246	<input type="checkbox"/> \$291	<input type="checkbox"/> \$318
--	--------------------------------	--------------------------------	--------------------------------

### Online Journal

12 monthly issues	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110
-------------------	--------------------------------	--------------------------------	--------------------------------

24 monthly issues (select with 2-year option)	<input type="checkbox"/> \$176	<input type="checkbox"/> \$176	<input type="checkbox"/> \$176
--	--------------------------------	--------------------------------	--------------------------------

### Dual (Print & Online)

12 monthly issues	<input type="checkbox"/> \$210	<input type="checkbox"/> \$238	<input type="checkbox"/> \$255
-------------------	--------------------------------	--------------------------------	--------------------------------

24 monthly issues (select with 2-year option)	<input type="checkbox"/> \$336	<input type="checkbox"/> \$381	<input type="checkbox"/> \$408
--	--------------------------------	--------------------------------	--------------------------------

Subtotal this side \$ \_\_\_\_\_

Total Membership + Subscriptions \$ \_\_\_\_\_

### Payment Options Payable in U.S. Funds only.

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

Bank Transfer (Contact [dkessler@scisoc.org](mailto:dkessler@scisoc.org) for account information)

Credit card, choose one of the following, and include pertinent information:  
 American Express  MasterCard  Visa  Discover

Card number: \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Cardholder's Phone \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

### Terms of Agreement

I hereby apply for 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, unless I have stated otherwise.

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_