



ASPB

The American Society of
Plant Biologists

2009 Student Institutional Membership Discount Application

To qualify for the student institutional membership discount, one faculty member must collect membership applications from at least 4 students at the same institution to join ASPB as a student member. If you qualify, each student and the faculty member will receive a \$4.00 discount on their dues. Please fill in the information below to apply and fill out a full membership application attached for each qualifying member. Applications will only be accepted for those not renewed or joined at the time of application. Discounts cannot be applied for after regular renewal or joining.

Faculty Individual Information New member Renewing Member (Member ID: _____)

Name _____

Email _____

Student Information: *Please use additional application or blank paper for additional students.

Student 1 New Renewing (ID: _____)

Name _____

Email _____

Student 5 New Renewing (ID: _____)

Name _____

Email _____

Student 2 New Renewing (ID: _____)

Name _____

Email _____

Student 6 New Renewing (ID: _____)

Name _____

Email _____

Student 3 New Renewing (ID: _____)

Name _____

Email _____

Student 7 New Renewing (ID: _____)

Name _____

Email _____

Student 4 New Renewing (ID: _____)

Name _____

Email _____

Student 8 New Renewing (ID: _____)

Name _____

Email _____

Please fax this form with completed membership/renewal forms to ASPB Headquarters at
301-251-6740

American Society of Plant Biologists
MEMBERSHIP APPLICATION
 YEAR OF 2009

Name: _____
 Title/Position: _____
 Institution: _____
 Address: _____

 City, State: _____
 Zip/Country: _____
 Phone: _____
 Fax: _____
 Email: _____
 Website Address: _____

ASPB dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense. The ASPB Education Foundation is an education organization exempt from taxation under the 501(c)(3) code of the Internal Revenue Service. Contributions to the ASPB Education Foundation are deductible as charitable contributions for federal income tax purposes to the extent provided by law.

Check here if you be interested in volunteering with ASPB
 Check here if you do not wish to have your name included in the ASPB online membership directory.

Optional Information

The information below is optional and will only be used for statistical purposes.

Gender: Male Female

Ethnicity: Asian White Black or African-American
 Latino/Hispanic Native Hawaiiin/Pacific Islander American Indian/Alaska Native Other

Organization Classification: (please check one)

- Research University I
- Research University II
- Master's University I
- Master's University II
- Doctoral University I
- Doctoral University II
- Baccalaureate University I
- Baccalaureate University II
- Two-Year College
- Corporation
- Other: _____

Visit <http://www.aspb.org> to update your e-options.

This form may be mailed, faxed or submitted online at <http://www.aspb.org/membership> (use only one type of submission)

Phone inquiries: 301-251-0560

Remittance address:
American Society of Plant Biologists
 PO Box 100857
 Atlanta, GA 30384-0857
 Fax: 301-251-6740

Circle your selections below

2009 Membership Dues

Member	\$115
Postdoctoral Associate	\$65
Graduate Student Member	\$45
Undergraduate Student Member	\$45

2009 Hard Copy Subscription Fees

Subscriptions will begin January 2008

Publication	Regular	Student/Postdoc
<i>Plant Physiology</i>	\$210	\$145
<i>The Plant Cell</i>	\$185	\$120
Combined Subscription	\$315	\$230

Sectional Society Dues (Optional)

ASPB dues do not cover membership in a section. Sections have an educational and training mission, coordinate regional meetings, and elect a representative to the Executive Committee of ASPB. Please join your section.

Section	Regular	Student/Postdoc
Midwest	\$3	\$1
Northeast	\$3	\$1
Southern	\$5	\$5
Mid-Atlantic	\$5	\$3
Western	\$5	\$3

Education Foundation Contribution \$ _____

	Totals
Membership Dues \$ _____	
Sectional Society Dues \$ _____	
Subscription Fee(s) \$ _____	
MD Residents Add 5% Sales Tax on Total Subscription Fee \$ _____	
Education Foundation Contribution \$ _____	
Total Amount Due: \$ _____	
(Membership activated when payment is received)	

Enclosed is a check for U.S. currency, drawn on a U.S. bank, and made payable to ASPB.

Personal Check Institutional Check

I authorize ASPB to charge the above Total Amount Due to my
 Visa MasterCard American Express

 Credit Card Number Exp. Date

 Signature (Required for all charge orders)