IPMS/USA MEMBERSHIP FORM

First

Middle

Last

Name:

IPMS No.:_____

Address:

If Renewing

City:	State:	Zip:
Phone:		
Signature (required by P.O.)		
Type of Membership Adult, 1 Year: \$30 Adult, 2 Years: \$58 Adult, 3 Years: \$86 Junior (Under 18 Years) \$17 Family, 1 Year: \$35 (Adult + \$5, One Set Journals) How Many Cards? Canada & Mexico: \$35 Other / Foreign: \$38 (Surface) Checks must be drawn on a US bank or international money order		
Payment Method:		
Chapter Affiliation, (if any):		
If Recommended by an IPMS Member, Please List His / Her Name and Member Number:		
Name:		IPMS No.:
IPMS/USA	_	O Box 56023 t. Petersburg, FL 33732-6023
Join or Renew Online at: www.ipmsusa.org	3	i. retersoury, rL 33/32-0023