

International Plastic Modelers' Society/USA Membership Application / Renewal Form

USA		New 🔘	Renewal	IPMS #:
Name:				
Address:				
City:			State:	
Zip Code:		_		
Phone:		E-N	Mail:	
Chapter Affili	ation, if any: _			
	ars or younger) One year Two years Three years	\$30.00 \$58.00		rth <u>:</u>
	exico Surface	\$35.00		
Family (1 set	of Journals)	← ₽	Adult fee + \$5.00 #	of cards?
Your Signatu	re:			
	•		please provide his/h IPMS #:	
PAYMENT O Cash Check	\Box	#:	Amount: Amount:	
Billing Addre	ss, if different	than above -	-	
Address:				
City:	State:			
Zip Code:		_		

Applications should be printed and mailed to: IPMS/USA, PO Box 1411, Riverview, FL 33568-1411