



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

New Renewal IPMS #:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: _____ E-Mail: _____

Chapter Affiliation, if any: _____

Junior (17 years or younger) \$17.00 _____ Date of Birth: _____

Adult One year \$30.00 _____

Two years \$58.00 _____

Three years \$86.00 _____

Canada & Mexico \$35.00 _____

Foreign Surface \$38.00 _____

Family (1 set of Journals) _____ ← Adult fee + \$5.00 # of cards? _____

Your Signature: _____

If recommended by an IPMS member, please provide his/her:

Name: _____ IPMS #: _____

PAYMENT OPTIONS:

Cash Amount: _____

Check Check #: _____ Amount: _____

Billing Address, if different than above -

Address: _____

City: _____ State: _____

Zip Code: _____