

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

000		New	Renev	val	IPMS #:
Name:					
Address:					
City:			State	:	
Zip Code:		_			
Phone:			_ E-Mail:		
Chapter Affili	iation, if any: _				_
Adult	ears or younger) One year Two years Three years lexico Surface	\$30.00 \$58.00 \$86.00		Date of	Birth <u>:</u>
Family (1 set	of Journals)		← Adult fee +	- \$5.00	# of cards?
Your Signatu	ıre:				
	ded by an IPN				s/her:
PAYMENT C	PTIONS:				
Cash Check Credit Card	Check Master Card Number: Exp. Date:		Visa	Amount:	
Billing Addre	ss, if different	than abo	ove -		
_	,				
Zip Code:		_			