

IS-MPMI

International Society for
Molecular Plant-Microbe Interactions

Referring Member Name _____

Please check all that apply:

Male Female Non-binary Prefer not to answer

Not listed/Other _____

Mr. Ms. Mrs. Dr.

Have you ever been an IS-MPMI member? Yes No

The address listed is my: Business Home

Name _____

Title _____

Employer/Co./Inst. _____

Department _____

Street Address _____

City _____

State _____ Zip/Postal Code _____

Phone _____

E-mail Address _____

Date of Birth _____ / _____ / _____

2020 Membership Options

Membership	Price	2-Year Discount
Regular	\$50	\$80
Post-Doc	\$35	\$56
Student	\$20	\$32

Student/Post-Doc Certification

(Students and Post-Docs must be in a degree-seeking, accredited institution verified with a faculty signature)

University _____

Estimated Year of Graduation _____

Faculty Endorsement _____

Subtotal \$ _____

Molecular Plant-Microbe Interactions Journal Options

Online Journal

12 monthly issues \$118 \$118 \$118

24 monthly issues \$189 \$189 \$189

(select with 2-year discounted option)

Subtotal \$ _____

Total Membership + Subscriptions \$ _____

Payment Options Payable in U.S. Funds only.

Enroll me in the IS-MPMI Auto-Renew Program
(More information available at www.ismpmi.org/auto-renew)

Check *(Must be drawn on U.S. Federal Reserve System Member Bank, payable to IS-MPMI)*

(When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.)

Bank Transfer (Contact ismpmi@scisoc.org for account information)

Credit Card: For your security, accepted online only

Terms of Agreement

I hereby apply for membership in IS-MPMI. I agree that my IS-MPMI journal is for personal use and will not be placed in a library. I accept to receive information from IS-MPMI via e-mail, and acknowledge that my contact information will appear on the IS-MPMI website in the online membership directory, unless I have stated otherwise. I agree to be governed by the Society's By-Laws available online at <https://www.ismpmi.org/About/Pages/Bylaws.aspx> and will conduct myself in a manner consistent with the best interest of the field of plant-microbe interactions.

Signature _____

Date _____ / _____ / _____

Share Your Demographics with IS-MPMI

Please take a moment to provide us with your organization category and research area for our membership directory.

Organization Type

Academic Industry
Government Not for profit

Research Area

(check all that apply, up to 3)

<input type="checkbox"/> Apoplastic Defenses	<input type="checkbox"/> Large-Scale (Omics) Approaches
<input type="checkbox"/> Biocontrol	<input type="checkbox"/> Microbial Pathogenesis
<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Plant Hormones
<input type="checkbox"/> Cell Biology	<input type="checkbox"/> Plant Immunity
<input type="checkbox"/> Chemical Biology of	<input type="checkbox"/> Plant Microbiome
<input type="checkbox"/> Host-Pathogen Interaction	<input type="checkbox"/> Programmed Cell Death
<input type="checkbox"/> Commonalities Pathogens/Symbionts	<input type="checkbox"/> Recognition of Microbes
<input type="checkbox"/> Diagnostics	<input type="checkbox"/> Secondary Metabolism
<input type="checkbox"/> Effector Biology	<input type="checkbox"/> Signaling
<input type="checkbox"/> Epigenetics	<input type="checkbox"/> Symbiosis
<input type="checkbox"/> Evolution and Ecology	<input type="checkbox"/> Toxins
<input type="checkbox"/> Induced Resistance/Priming	

Mail or Fax completed application:

3340 Pilot Knob Road
St. Paul, MN 55121 U.S.A.
Fax: +1.651.454.0766

Questions? Contact Us!

Phone: +1.651.454.7250

E-mail: ismpmi@scisoc.org • Web: ismpmi.org