



POULTRY SCIENCE ASSOCIATION
2441 Village Green Place
Champaign, IL 61822
Tel: 217/356-5285
Fax: 217/398-4119
email: psa@assoqh.org
website: www.poultryscience.org

MEMBERSHIP APPLICATION

Date: _____

Name: _____

University/Company (required): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

Email (required): _____

Date of Birth: ____/____/____

Position Type (please check one): Academic Industry Government

FULL-TIME STUDENTS: Certification of eligibility is required for Student Members. Please include a letter that the applicant is a regularly enrolled college student who does not hold a full-time job.

ADVISOR'S NAME: _____

SIGNATURE OF ADVISOR: _____

EMAIL ADDRESS: _____

SELECT MEMBERSHIP CATEGORY & OPTIONS BELOW (calendar year membership, January – December):

- Active Member = \$120.00 (includes online access to the PS journal)
- Graduate Student = \$30.00 (includes online access to the PS journal)
- Undergraduate Student = \$30.00 (includes online access to the PS journal)
- Paper copy of *Poultry Science* journal = \$75.00 US; \$107.00 International
- Electronic Access to *Journal of Applied Poultry Research* = \$50.00
- Paper copy of *Journal of Applied Poultry Research* (includes online access) = \$72.00 US; \$82.00 International
- Journal of Applied Poultry Research* CD, VOL 1-9 (.pdf format) = \$40.00
- *NEW Graduate Student = \$0 (**must send signed letter from Professor/Advisor verifying student status**)
- *NEW Undergrad Student = \$0 (**must send a signed letter from Professor/Advisor verifying student status**)

**New Graduate and New Undergraduate Student memberships include online access to the PS journal.*

FROM THE LIST BELOW, SELECT THREE AREAS OF INTEREST WITH THE FIRST NUMBER THE PRIMARY INTEREST (e.g. 8.3.4).

- 1) Administration
- 2) Economics
- 3) Genetics
- 4) Immunology
- 5) Management
- 6) Nutrition
- 7) Pathology
- 8) Physiology
- 9) Products

Your Areas of Interest: _____

These designated members of the Poultry Science Association will certify (via phone/email, please provide) the qualifications and recommend the above applicant for membership in the Association.

Member Name (with phone/email): _____

Member Name (with phone/email): _____

PLEASE SELECT PAYMENT OPTIONS BELOW

Checks must be in US FUNDS and drawn on a US Bank.			
Credit Card charges will appear as FASS Online on your statement.			
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover Card
Card Number: _____			
Expiration Date: _____		Amount: \$ _____	
Signature: _____			

**PLEASE COMPLETE FORM AND RETURN WITH PAYMENT TO:
Poultry Science Association * 2441 Village Green Place * Champaign, IL 61822
Phone: 217/356-5285 * Fax: 217/398-4119**

Receipt sent upon request