

JPS MEMBERSHIP APPLICATION FORM

— FOR INDIVIDUAL REGULAR & STUDENT MEMBERS —

Please type or print in block letters. All items should be completed using black ink.

Date: _____
Month / Day / Year

Name: _____
First (Middle) Last

Male Female

Nationality: _____ Date of Birth: _____
Month / Day / Year

Home address:

Country: _____ Zip: _____

Phone: _____ Fax: _____

Business or School Address:

Country: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Please check the box for mail

Home address Business or school address

Please check the box for type of membership

INDIVIDUAL REGULAR MEMBER

STUDENT MEMBER

Exp. Date: _____ *Signature:* _____