



ISHS Membership Application

Please fill out in BLOCK PRINT, sign and return to the ISHS at the address above

- | | |
|--|--|
| <input type="checkbox"/> ISHS Individual Member | 60 Euro for 1 calendar year (*) |
| <input type="checkbox"/> ISHS Student member | 30 Euro for 1 calendar year |
| <input type="checkbox"/> ISHS Institutional Member | 240 Euro for 1 calendar year |

(*) **Reduced ISHS membership automatically applies to citizens of selected countries; those members pay 60 Euro for two calendar years instead of 60 Euro for one calendar year. For more details on membership benefits check out www.ishs.org/members Individual membership also includes 15 complimentary Acta Horticulturae® full text article downloads from www.actahort.org (Student Membership includes 3 article downloads)**

tick here to receive *Chronica Horticulturae* in electronic format only (± 1 month in advance of print version)

Personal Data (fill out the appropriate fields or attach your business card)

Prof. Dr. Mr. Ms. male female

Last Name : _____

First Name : _____

Institution : _____

Department : _____

Address : _____

Address : _____

City & Post Code : _____

Country : _____

Telephone : _____

Fax : _____

E-mail : _____

Payment options:

Charge to my Credit Card (fill out **all** the fields and sign)

AMEX DINERS EUROCARD MASTERCARD VISA

CARD # _____

NAME of the card-holder (your name): _____

EXP. DATE: ____/____ CVV(*) number: _____

(*)the three-digit CVV number is printed in reverse italics on the signature panel on the back of the card immediately after the card's account number. For American Express, the four-digit CVV number is printed on the front of the card above the card account number.

AUTHORIZED SIGNATURE: _____

I enclose a check made payable to ISHS

Enclosed I am sending you a check in the amount of EURO _____ made payable to ISHS.
Payments in USD are accepted, see your bank or newspaper to find out about the official exchange rate