

MEMBERSHIP REGISTRATION

Please complete one form for each membership. Memberships are transferable within company. One-year membership dues include 12 months of membership from the date of registration. You may also register online at www.modelmakers.org. Please print clearly. Students: please use permanent mailing address.

Name _____ Date _____

Company or School _____ Phone (____) _____

Address _____ Mobile (____) _____

City, State, Zip _____

Job Title _____ E-mail (required) _____

Keep your information up-to-date by visiting www.modelmakers.org to update your membership listing and maintain current contact information such as phone number, e-mail address, employer, etc.

Membership Type: (please check one)

- | | |
|--|---|
| <input type="checkbox"/> Professional One-year \$150.00 | <input type="checkbox"/> Professional Group One-year \$125.00 per individual (3+) |
| <input type="checkbox"/> Professional Two-year \$275.00 | <input type="checkbox"/> Model Shop/Unlimited \$500 (Covers all model making staff) |
| <input type="checkbox"/> Student/Retired One-year \$30.00 (Student must provide proof of current enrollment) | |
| <input type="checkbox"/> Educational Institution \$500 (Covers all current students, faculty and staff) | |

Category: (select one)

- | | |
|---|--|
| <input type="checkbox"/> Display | <input type="checkbox"/> In House (Corporate) |
| <input type="checkbox"/> Product Development | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Educator - Instructor, Administrator | <input type="checkbox"/> Vendor - Manufacturer, Distributor |
| <input type="checkbox"/> Student | <input type="checkbox"/> Emeritus (Retired) - <i>please contact our office</i> |

Markets Served: (select as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Litigation |
| <input type="checkbox"/> Appearance Models | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Petrochemical |
| <input type="checkbox"/> Consumer Products | <input type="checkbox"/> Product Development |
| <input type="checkbox"/> Diorama/exhibits | <input type="checkbox"/> Software Development |
| <input type="checkbox"/> Film/Entertainment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Industrial Design | |

Send by email, or return completed form with check, money order, or charge authorization by mail to:

APMM • PO Box 165 • Hamilton, NY 13346

Card # _____ Security Code: _____ Exp. Date _____

Contact: 315.750.0803 • info@modelmakers.org • www.modelmakers.org