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2018-2019 MEMBERSHIP APPLICATION

Please complete the form and return as an email attachment or by regular mail

Name: _____

Company/Organization: _____

Address: _____

Phone Number: _____

Email Address: _____

A. Indicate Type of Membership: The APRES Membership year runs from July 1-June 30.

1. Individual:

Regular	\$ 100.00	_____
Post Doc/Tech Support	75.00	_____
Student	50.00	_____
Retired	25.00	_____

2. Sustaining:

Silver Level	\$350	_____	(representative: _____)
Gold Level	\$550	_____	(representative: _____)
Platinum Level	\$1,000	_____	(representative: _____)
Diamond Level	\$5,000	_____	(representative: _____)

3. Institutional: \$ 100.00 _____ (Peanut Science subscription only; Non-voting membership)

Payment Choices:

Check: Payable to APRES, drawn on a U.S. bank and mailed to:
APRES, 2360 Rainwater Road, Tifton, GA 31793

Credit Card: We accept American Express/Discover/Master Card/Visa/PayPal.
Use the APRES Online Payment System at www.apresinc.com or provide the information below.