



## Special Model Show IPMS/USA Membership Application

New  Rejoin  Old IPMS#, if known: \_\_\_\_\_  
Sponsoring Club: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Junior** (17 years or younger)  \$12.00 Date of Birth \_\_\_\_\_  
**Adult** One year  \$25.00

If recommended by an IPMS member, please provide his/her:  
Name: \_\_\_\_\_ IPMS #: \_\_\_\_\_

### PAYMENT OPTIONS:

Cash  Amount: \_\_\_\_\_  
Check  Amount: \_\_\_\_\_

### Where did you hear about IPMS/USA? Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Local model club     | <input type="checkbox"/> Internet search               |
| <input type="checkbox"/> Friend               | <input type="checkbox"/> IPMS web site                 |
| <input type="checkbox"/> Ad in IPMS Journal   | <input type="checkbox"/> I'm a former member rejoining |
| <input type="checkbox"/> Facebook             | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Ad in other magazine |  |

This form must be submitted by the sponsoring chapter along with payment and will not be accepted if mailed in separately.