



# ISPA Membership Form

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Provance: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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## Payment Information

Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
CVN (3 or 4 digit code on back of card): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name of Card Holder: \_\_\_\_\_  
Email Address associated with Credit Card: \_\_\_\_\_

Pay by bank transfer:

<b>Bank Transfer Information</b>	ABA Routing No.: 081904808
Bank of America, N.A.	SWIFT Code: BOFAUS3N
222 Broadway	Account Name: PAQ
New York, New York 10038	Interactive, Inc.
	Account No.: 2910 1671 4584

*Please note all funds should be received in US Dollars. All fees associated with wire transfer is to be paid by Member.*

Pay by Check:  
My Check for \$\_\_\_\_\_, is enclosed as a full payment of membership fees.  
Make checks payable to ISPA