



# ISPA Membership Form

- Corporate Membership    
  Individual Membership    
  Student Membership

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

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

Affiliation: \_\_\_\_\_

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

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## 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:

**Bank Transfer Information**

Bank of America, N.A.  
222 Broadway  
New York, New York 10038

ABA Routing No.: 081904808  
SWIFT Code: BOFAUS3N  
Account Name: PAQ Interactive, Inc.  
Account No.: 2910 1671 4584

Pay by Check:

My Check for \$ \_\_\_\_\_, is enclosed as a full payment of membership fees.  
Make checks payable to the International Society of Precision Agriculture.