

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 4135 6810

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.

Checks should be mailed to:

PAQ Interactive, Inc.
c/o ISPA
109 E. Main Street
Monticello, IL 61856