**New Membership Forms**

The International Allelopathy Society invites you to join in membership all around the world with scientists of diverse disciplines with a common point of interest: the study and comprehension of allelopathic phenomena. We hope this application will provide you the opportunity to take advantage of the many benefits IAS shall offer to its members.

**Please type or print clearly.**

**1.**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address (required for ALL NEW members):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address:

Institution: \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interests (keywords) \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.** Payment: (Membership is paid on a triennial basis).

Circle amount which applies:

**Regular member** ($25 per year) $75 U.S.

**Student member** ($10 per year) $30 U.S.

**Life member** $500 U.S.

**Voluntary donation** to the Society (indicate amount) \_\_\_\_\_\_U.S.

**TOTAL ENCLOSED \_\_\_\_\_\_\_\_U.S.**

**Bank Draft or International Money Order should be made payable to The International Allelopathy Society,**

**and should be drawn upon a US Bank.** MAIL THIS COMPLETED FORM ALONG WITH YOUR DRAFT or

MONEY ORDER TO:

Dr David Gealy Treasurer, International Allelopathy Society

c/o Dale Bumpers National Rice Research Center

2890 HWY 130 East,

STUTTGART, AR, 72160 USA

Email for David Gealy: [David.Gealy@ars.usda.gov](mailto:David.Gealy@ars.usda.gov)

**Membership Renewal Forms**

**Please type or print clearly.**

**1.**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address (required for ALL members): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mailing address:

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interests (keywords) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Payment: (Membership is paid on a triennial basis. Dues paid now will keep your membership current

until the **Seventh World Congress on Allelopathy in 2014 (venue to be determined).**

Circle amount which applies:

**Regular member** ($25 per year) $75 U.S.

**Student member** ($10 per year) $30 U.S.

**Emeritus member** (Retired) $20 U.S.

**Emeritus - Life member** $75 U.S.

**Life member** $500 U.S.

**Voluntary donation** to the Society (indicate amount) \_\_\_\_\_\_U.S.

**TOTAL ENCLOSED \_\_\_\_\_\_\_\_\_\_U.S.**

**Bank Draft or International Money Order should be made payable to The International Allelopathy Society,**

**and should be drawn upon a US Bank.** MAIL THIS COMPLETED FORM ALONG WITH YOUR DRAFT or

MONEY ORDER TO:

Dr David Gealy Treasurer, International Allelopathy Society

c/o Dale Bumpers National Rice Research Center

2890 HWY 130 East,

STUTTGART, AR, 72160 USA

Email for David Gealy: David.Gealy@ars.usda.gov