

RSM Membership Application

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone #'s Home: (____) _____ Work: (____) _____

Cell: (____) _____

Fax# (optional): (____) _____

E-mail address: _____

Antenna delivery: Email: ____ Postal: ____ (Please check one)

Modeling Interests: _____

IPMS Canada Member: Yes No (Please circle one)

Publication Consent: Yes (Circle Yes if you will allow your address & email information to be published)

Date: _____

Receipt # _____

Membership Type (please check which one)

- Regular (\$15) _____

- Junior (14 and under) (Free) _____

Note: For all memberships, if a printed copy of the Antenna newsletter is desired, there will be an additional \$25 charge to offset printing costs.