



2018 IPAT MEMBERSHIP FORM

Last Name (Surname, Family name, 姓): _____

Date: _____

IPAT Membership #: _____

First Name (Names, Christian name, 名字) _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Email: _____ Phone: _____

SELECT MEMBERSHIP OPTION(S)

- \$42.00 Full Year – USA New Membership/Renewal
- \$21.00 Half Year – USA New Membership/Renewal
- \$47.00 – Non-USA New Membership/Renewal
- \$23.50 Half Year – Non-USA New Member/Renewal
- \$12.50 – USA and Non-USA Portrait Society Membership – Email
- \$20.00 – USA Portrait Society Membership Only – USPS
- \$12.50 per copy – USA Members: Purchase ___ past issue/s of Porcelain Artist #1, #2, #3, #4 Yr _____
- \$27.50 per copy – Non-USA Members: Purchase ___ past issue/s of Porcelain Artist #1, #2, #3, #4 Yr _____
- Youth Member (age 5-19) – Half of the above full membership fee

OPTIONAL AIR MAIL RATES FOR INTERNATIONAL MAGAZINE DELIVERY

- \$18.00 – Canada
- \$23.00 – Mexico
- \$40.00 – Europe
- \$44.00 – Australia/New Zealand/Japan
- \$38.00 – All Others

PAYMENT OPTIONS:

MasterCard/Visa Number _____

Expiration Date: _____ CVV Security Number (back of card): _____

Check / Money Order – Payable to IPAT, Inc. Mail to: P .O. Box 1807, Grapevine, TX 76099

Fax to: 817.329.3900

Phone: 817.251.1185

Paypal: Please check the appropriate box on IPAT’s website <http://www.ipatinc.com/MEMBERSHIP.html> and email to ipattx@yahoo.com.