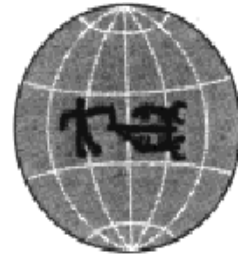


ISTRO

International Soil Tillage
Research Organization



All New Members need to fill out FORM 1.

Current Members return FORM 1 if contact information has changed.

Four payment methods are available:

1. **Credit card** (in U.S. Dollars) – complete & return FORM 2 & 3.
2. **PayPal** payment (in U.S. Dollars) – see below INSTRUCTIONS
3. **Cheque** payable to **ISTRO** (in U.S. Dollars) – complete & return FORM 2.
4. **Bank Transfer** (in U.S. Dollars) – see below INSTRUCTIONS; an extra \$5 (½ of bank transaction fee) should be included for these transactions.

If possible, please pay with Credit Card or PayPal. This will reduce the bank charge for ISTRO.

ISTRO

International Soil Tillage
Research Organization



PAYPAL INSTRUCTIONS

- 1) Log into your PayPal account.
- 2) Click the “Pay or Send Money” button.
- 3) Click the “Send Money to Friends or Family” button (Note: this option lets the sender pay any transaction fees).
- 4) Type the Treasurer’s email address (steve.prior@ars.usda.gov) in the box.
- 5) Follow any additional prompts from PayPal.
- 6) Send the Treasurer a courtesy email notification of payment and include FORM 2.

CREDIT CARD INSTRUCTION

- 1) Fill out Forms 2 and 3 (see below).
- 2) Return forms to the Treasurer via postal mail or Fax.

BANK TRANSFER INSTRUCTIONS

INTERNATIONAL PAYMENT INSTRUCTIONS

PLEASE REQUEST YOUR BANKERS TO ROUTE INTERNATIONAL PAYMENTS BY SWIFT TO
Cadence - Opelika - with following indications:

Account with institution -: ABA 084201278

Beneficiary customer's account: 17238650

This information is compulsory and must be written exactly as shown.

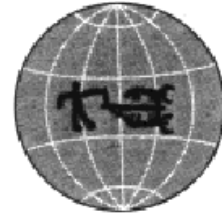
Cadence
414 South 7th Street
Opelika, Alabama, 36803-0970
CUSTOMER
ISTRO

NOTE 1: an extra \$5 (½ of bank transaction fee) should be included for these transactions.

NOTE 2: Send the Treasurer a courtesy email notification of payment and include information from FORM 2.

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International Soil
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<http://www.istro.org>



Available information on your situation:

Name and address:

«Title» «First Name» «Last Name»

«Laboratory» «Départment»

«University»

«BP»

«Street»

«Town»

«State»

«Country»

Phone:

Fax:

E-mail:

Check the above information; if incorrect, return Form 1 with updated information to the ISTRO treasurer (provide your e-mail if it is not shown above):

Dr. Stephen A. Prior
411 S. Donahue Dr.
Auburn, AL 36832, USA
Fax: 334 844-4740
email: steve.prior@ars.usda.gov

FORM 1

MEMBERSHIP FEES FOR:

«Title» «First Name» «Last Name»

«Country»

Please return this form to ISTRO Treasurer:

Dr. Stephen A. Prior
411 S. Donahue Dr.
Auburn, AL 36832, USA

Option	Membership categories				
	Regular	Regular*	Student	Retired	Corporate
A Membership including ISTRO-INFO	US\$ 21	US\$ 7	US\$ 7	US\$ 7	US\$ 84
B Membership including ISTRO-INFO + <i>Soil & Tillage Research</i> Journal	US\$ 137	US\$ 123	US\$ 123	US\$ 123	US\$ 200
C Membership including ISTRO-INFO + <i>Soil & Tillage Research</i> Journal Electronic	US\$ 103	US\$ 89	US\$ 89	US\$ 89	US\$ 166

*Regular membership fees is reduced to US\$ 7 for members from Low- Income, Lower-Middle Income and Upper-Middle Income Economies as defined on the World Bank website
<http://www.worldbank.org/data/countryclass/countryclass.html>

- 1) Please circle your Option and Membership Category (above).
- 2) Indicate the number of years of renewal_____.
- 3) Discount of 10% for 6 years and 20% for 9 years.
- 4) Total Payment_____.
- 5) Circle the method of payment:
 - Credit Card (US\$)
 - PayPal (US\$)
 - Cheque to ISTRO (US\$)
 - Bank Transfer (US\$) + 5\$

ISTRO

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Research
Organisation
<http://www.istro.org>



CREDIT CARD PAYMENT

«Title» «First_Name» «Last Name»

«Country»

Treasurer; International Soil Tillage Research Organisation; Auburn, AL USA

I hereby authorize ISTRO to debit my credit card account.

Credit Card Information:

Credit Card No.: _____

Expiration Date: __ / __

• Visa • Master Card (Circle One)

• Credit Card CCV (3 or 4 digit security code usually found on back of card) _____

• Credit Card billing zip/postal code _____

For the sum of Dollars.....
(write sum in words)

Date: __ / __ /20__

Signature:

Note 1: Please do NOT send this form or credit card number by e-mail.

Note 2: Remember to also complete FORM 2.

Note 2: Return FORMs by mail or FAX.

FORM 3

Please return required Forms to ISTRO treasurer:

Dr. Stephen A. Prior

411 S. Donahue Dr.

Auburn, AL 36832, USA

or

Fax: 334 844-4740

email: steve.prior@ars.usda.gov