



# INTERNATIONAL PLASTIC MODELLERS SOCIETY ODESSOS

## Membership Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Chapter Affiliation (if any): \_\_\_\_\_

If recommended by an IPMS member (any international branch), please provide his (her):

Name: \_\_\_\_\_

IPMS: \_\_\_\_\_

Modelling interests: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_