

AOC membership form

I submit the following for: _____Membership, or _____Reinstatement

Last name		First name					
Middle name		Name in Chinese					
Prefix	Mr.	Ms.	Mrs.	Miss	Dr.	Prof.	Other
Title							
Affiliation							
Mailing address							
Email				Office Phone			
Mobile Phone				Fax			

MEMBER DUES: _____ (For people living in countries other than China, \$20.00 For Regular Member; for people living in china, 100 RMB.

Please include this membership form and membership fee (Make Checks Payable to Treasurer of AOCABFE) to:

Dr. Yi Zheng
 Department of Grain Science and Industry
 Kansas State University
 1980 Kimball Avenue, Manhattan, KS 66506, USA.
 Phone: (785) 532-5012
 Email: yzheng@ksu.edu

For more information, visit <http://aocabfe.com/join-aocabfe/>