

FES Membership Application

Send application and payment to: Florida Entomological Society, P.O. Box 1007, Lutz, FL 33548-1007 (PH: 813-903-9234) email: flaentsoc@gmail.com

Residents of USA, CANADA AND MEXICO.

Please enroll me as a: _____ New Member _____ Renewing Member

For the year beginning January 1, _____ payment received after March 1 of the current year will incur additional fees for the postage should you request any missed printed issues of the journal.

First name[s](given Name[s]) _____ Last Name[s] (family name[s] or surname[s]) _____

Address1: _____ Phone: _____ Fax: _____

Address2: _____ E:mail _____

City _____ State: _____ Zip/Postal Code: _____

Country: _____ Area of Interest: _____

Please indicate type of membership:

Rates effective 1/1/17

Student membership (verification is required) \$30.00

Full Membership \$60.00

Corporate Membership \$250.00

Sustaining Membership \$100.00

Institutional Subscription \$50.00

Tax-deductible donation for: Student awards/travel \$ _____

Other _____ \$ _____

Unrestricted _____ \$ _____

Total enclosed \$ _____ all form of funds must be made in US dollars and drawn on a US bank.

Visa/MasterCard (only) accepted: Credit Card type: _____ Card# _____

Exp. Date: _____ CV Code: _____

Mailing address of Credit Card with zip code: _____

Members outside USA, Canada and Mexico will not receive the printed FLORIDA ENTOMOLOGIST due to postal fee increases. All members have complete membership benefits. The printed journal is available for purchase with shipping cost added per journal requested.

Student Membership (verification is required) \$25.00

Full Membership \$40.00

Total enclosed \$ _____ all form of funds must be made in US dollars and drawn on a US bank.

Visa/MasterCard (only) accepted: Credit Card type: _____ Card# _____

Exp. Date: _____ CV Code: _____

Mailing address of Credit Card with zip code: _____