

Print out and complete the application. Send payment and application to:
Florida Entomological Society, P.O. Box 1007, Lutz, FL 33548-1007
(PH: 813-903-9234, FAX: 813-979-4908) email: flaentsoc@att.net)

Please enroll me as a: ___ New Member ___ Renewing Member
for the year beginning January 1, _____

First name[s] (Given name[s]) Last Name[s] (Family name[s] or surname[s])

Address 1: _____ Phone: _____ FAX: _____

Address 2: _____ E-mail: _____ URL: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____ Area of Interest: _____

Please indicate type of membership:

Student Membership (include verification)	(\$20.00)
Full Membership	(\$40.00)
Corporate Membership	(\$250.00)
Sustaining Membership	(\$100.00)
Institutional Subscription	(\$ 50.00)

Tax-deductible donation for:

Student awards/travel	\$ _____
other ()	\$ _____
unrestricted	\$ _____

Total enclosed \$ _____ Check payments must be made in U.S. dollars and drawn on a
U.S. bank. **Visa** and **MasterCard** (only) accepted.

Credit Card Type _____ Card # _____ Exp. Date _____