

FES Membership/Renewal 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

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

Since January 1, 2022, the Florida Entomologist journal has been published in electronic form but not in print

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 11/6/22

Student membership (verification is required)	\$48.00
Full Membership	\$70.00
Corporate Membership	\$265.00
Sustaining Membership	\$160.00

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: _____
