

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

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 2/1/22

Student membership (verification is required)	\$45.00
Full Membership	\$65.00
Corporate Membership	\$255.00
Sustaining Membership	\$155.00
Institutional Subscription	\$100.00
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: _____
