

Dipterists Society

MEMBERSHIP



Membership year:

Member ID:

Date:

Surname:

Given name(s):

Institution (if applicable):

Mailing address:

City:

State/Province:

Postal Code:

Country:

Telephone (including country & city codes):

Email address:

Website (if applicable):

Specific interests in dipterology:

ITEM		Amount	Renewal?
FOUNDING Membership	<input type="checkbox"/>	\$150	<input type="checkbox"/>
Individual Membership	<input type="checkbox"/>	\$40	<input type="checkbox"/>
Reduced Fee Membership			
K-12 Teacher or Student	<input type="checkbox"/>	\$20	<input type="checkbox"/>
Undergraduate Student	<input type="checkbox"/>	\$20	<input type="checkbox"/>
Graduate Student	<input type="checkbox"/>	\$20	<input type="checkbox"/>
Low or Middle Income Country Member	<input type="checkbox"/>	\$20	<input type="checkbox"/>
Sponsored Membership*	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
Optional Charitable Donation to the Society	<input type="checkbox"/>	\$ _____	
GRAND TOTAL		\$ _____	

* if sponsoring a particular person please include his or her information on the next page;
if sponsorship is "open", please leave the next page blank.

Please make check or money order payable to: "Dipterists Society"

MAIL TO: Dipterists Society
Attn: Treasurer
P.O Box 231113
Sacramento, California 95823, USA

**THANK
YOU!**

Check box to decline inclusion of your information in the public Directory of World Dipterists

Dipterists Society

SPONSORED MEMBERSHIP



Membership year:

Sponsor name:

Sponsored Party

Member ID:

Date:

Surname:

Given name(s):

Institution (if applicable):

Mailing address:

City:

State/Province:

Postal Code:

Country:

Telephone (including country & city codes):

Email address:

Website (if applicable):

Specific interests in dipterology: