Arkansas Entomological Society

Application for Membership

Please print or type:

Name

_______________________________________________________

Address

_______________________________________________________

_______________________________________________________

_______________________________________________________

Telephone

_______________________________________________________

Email

_______________________________________________________

1. Circle (or highlight) one that applies to you:
   Student    Educator    Other (specify): _________________________

2. What area of entomology are you involved in? Circle or highlight all that apply.
   Education    Hobby    Extension    Research    Industry

3. If in education, circle level(s) you are most interested in working with or currently teach.
   Pre-school    Elementary K-5    Middle School (6-8)
   Secondary    Undergraduate    Graduate

4. If you work with a specific group of insects, please specify: ________________

Membership Dues:    Student - $5.00    Regular - $10.00

Amount enclosed: $_________________  

(please make check payable to the Arkansas Entomological Society)

Please return to:

Arkansas Entomological Society, 319 AGRI, 1 University of Arkansas, Fayetteville, AR 72701