



The Southern Lepidopterists' Society

www.southernlepsoc.org

APPLICATION FOR MEMBERSHIP / ANNUAL RENEWAL

New membership Renewal

NAME: _____ Mr. Mrs. Ms. Ph.D. M.D.

MAILING ADDRESS: _____

STATE: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

TELEPHONE: (____) ____ - _____ Home Work Cell

TELEPHONE: (____) ____ - _____ Home Work Cell

EMAIL: _____

Permission to Use Personal Information: The Southern Lepidopterists' Society has my permission to **USE** the above information in the published SLS Membership Directory. Please **OMIT** my personal information from the published SLS Membership Directory.

Membership Class desired:

Electronic, pdf link by e-mail (\$30.00) _____

Printed newsletter by USPS (\$50.00) _____

FOREIGN POSTAGE: For delivery outside of The USA (\$5.00) _____

Additional Tax Deductible* Donations:

Sustaining (\$20.00) _____

Contributor (\$40.00) _____

Benefactor (\$60.00) _____

Benefactor + _____

TOTAL AMOUNT ENCLOSED \$ _____

*The Southern Lepidopterists' Society is a registered 501(c)(3) organization.

My interests are: All Lepidoptera Butterflies Moths Collecting Purchase Exchange Commercial Butterfly Gardening Butterfly Watching Photography Life Histories Other _____

Families, Genera, or Regions of Particular Interest: _____

Please mail application and check to:

The Southern Lepidopterists' Society
Jeffrey R. Slotten, Treasurer
5421 NW 69th Lane
Gainesville, FL 32653
(jslotten@bellsouth.net)