

**South Carolina
Entomological Society, Inc.**
3517 Flowering Oak Way
Mt. Pleasant, SC 29466

**MEMBERSHIP
APPLICATION
FORM**

NAME: _____ DATE: _____

MAILING ADDRESS: _____

city: _____ state: _____ zip code: _____

Country: _____

E-MAIL: _____

EDUCATION:

	DEGREE	INSTITUTION	YEAR
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

EMPLOYER: _____ SINCE: _____

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:

1. _____
2. _____
3. _____
4. _____
5. _____

Student Certification

I certify that _____ is a full time student and is qualified for Student
Membership. "student's name"

Department Chair or Student Advisor

advisor's email

I hereby make application for active membership in the South Carolina Entomological Society.

SUBMIT