



Application for Membership

[SUBMIT THIS FORM VIA MAIL, OR EMAIL IT TO THE
TORREY BOTANICAL SOCIETY AT THE ADDRESSES BELOW]

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone Number: _____ Email Address (required): _____

Major Botanical Interests: _____

Membership Type (select one):

- | | Print & Online | Online Only |
|----------------|--|-------------------------------|
| Active Member: | <input type="radio"/> \$50.00 | <input type="radio"/> \$40.00 |
| *Student: | <input type="radio"/> \$30.00 | <input type="radio"/> \$20.00 |
| **Family: | <input type="radio"/> \$55.00 | <input type="radio"/> \$45.00 |
| Life: | <input type="radio"/> \$750.00 One Payment | |
| Associate: | <input type="radio"/> \$15.00 No Journal | |

* Provide copy of student ID ** Family member's name _____

Total membership dues: \$ _____

Contribution/Student Research (tax deductible): \$ _____

Enclosed is my payment for: \$ _____

Method of Payment:

U.S. Check Money Order

Make checks/money orders payable to: TORREY BOTANICAL SOCIETY

Credit Card (MasterCard Visa Discover)

Account number: _____ Exp Date: _____

Name on Card: _____

Signature: _____

Mail to:
Torrey Botanical Society
PO Box 7065
Lawrence, KS 66044-7065
United States

Email to:
tbs@allenpress.com
Phone: (800) 627-0326
Fax: (785) 843-6153