

The Connecticut Botanical Society, Inc.
Membership Application

I hereby make application for membership in the Connecticut Botanical Society, Inc., and enclose dues in the amount of \$ _____, which includes all dues for the current year.

Please type or write clearly:

Name _____

Date _____

Address _____

Interests _____

Telephone _____

Type of Membership _____

E-mail address _____

Dues for membership are:

Regular	\$15.00 individual, \$20.00 couple
Contributing	\$30.00 individual or couple
Sustaining	\$40.00 individual or couple
Supporting	\$50.00 individual or couple
Life	\$300.00 individual, \$500.00 couple

Make check or money order payable to the Connecticut Botanical Society and send to:

Connecticut Botanical Society
P.O. Box 9004
New Haven, CT 06532-0004

The membership year is the calendar year. New members joining after September 1 will be credited for the coming year.