Join/Renew The Crustacean Society!

Membership ID #		
Name (Firrst, Last)		
Affiliation		
Mailing address for Society communications (Please condense to no more than 3 lines, 40 characters per line, maximum)		
Phone: (include area code)FAX: (in		
E-mail address:		
Type of membership and annual dues for 2019 Membership year is January 1 – December 31		
☐ Member (Print and online)	. \$155 . \$195 . \$. \$	
* Individuals claiming student rates are asked to provide your mentor's n	ame. Mentor does not have to be a member.	
Mentor Name		
Mentor Email		
Payment Info		
□ Personal check		
□ Visa □ MasterCard □ American Express □ Discover		
Card #	Send completed application form and payment in U.S. dollars to:	
Exp. Date: CV2#	950 Herndon Parkway, Suite 450 Herndon, VA 20170	
Cardholder Name:		
Signature:	Phone: 703-790-1745; Fax: 703-790-2672	
Cardholder Billing Address:	- TCS@burkinc.com	
City:	For questions regarding membership	
State: Zip:	contact Mscarbrough@burkinc.com	
Cardholder Phone:	Federal Tax ID: 52-1173036	