



Arkansas Entomological Society

Application for Membership

Please print or type:

Name _____

Address _____

Telephone _____

Email _____

1. Circle (or highlight) one that applies to you:

Student Educator Other (specify): _____

2. What area of entomology are you involved in? Circle or highlight all that apply.

Education Hobby Extension Research Industry

3. If in education, circle level(s) you are most interested in working with or currently teach.

Pre-school Elementary K-5 Middle School (6-8)

Secondary Undergraduate Graduate

4. If you work with a specific group of insects, please specify: _____

Membership Dues: Student - \$5.00 Regular - \$10.00

Amount enclosed: \$ _____

(please make check payable to the **Arkansas Entomological Society**)

Please return to:

Arkansas Entomological Society, 319 AGRI, 1 University of Arkansas, Fayetteville, AR 72701