

British Lichen Society Membership Application Form

I wish to join the Society as (please ring or underline):

Ordinary / Associate / Senior Associate / Junior Associate / Family member

Making a payment of:

Pounds sterling (£) / U.S. dollars (\$) / euros (€).....

I am paying as follows (please ring or underline):

- I enclose a Sterling cheque or Sterling cash
- I enclose a US dollar cheque
- I wish to pay using PayPal - please e-mail my Membership Number to me
- None of these payment methods is possible for me - please contact me to discuss how I am to pay

For my membership for (please ring or underline):

Life / 2008 / the reduced Ordinary Member rate for 2008-2010

Please complete *legibly*. Thank you!

Title: (*Prof./Dr./Mr./Ms./other*).....

Name:

Address:

.....

.....

.....

Email Address:

In signing this application form I confirm that I am eligible for the category of membership for which I have applied, and I agree to abide by the [Rules](#) of the Society.

Signature:

Date: