

British Lichen Society Membership Application Form

British Lichen Society - Membership Application Form



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

Ordinary / Electronic / Associate / Senior Associate / Junior Associate / Family member*

*please attach a proof of age or full-time studentship, e.g. copy of your pupil or student card

Membership is per calendar year - I wish to join in (please complete): 20 __ __

(in the current year or from 1st January next year)

Making a payment of: Pounds sterling (£) / U.S. dollars (\$).....

For my membership (please tick):

- annual subscription*
- Life*
- 3 year Ordinary Membership rate* (this is now only available to non-UK members)

I am paying as follows (please tick):

- 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 methods is possible for me - please contact me to discuss how I am to pay

I wish to make future payments by Standing Order – please provide me with a SO Mandate form o

Please complete legibly. Thank you!

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

Name:

Address:

.....

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E mail:

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 Constitution of the Society (see <http://www.thebls.org.uk/content/constitution.html>).

Signature

Date

Please return to:

Dr. H. Döring, Membership Secretary British Lichen Society,
Mycology Section, Royal Botanic Gardens, Kew
Richmond, Surrey TW9 3AB, UK

or email to: h.doring@kew.org