

# 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 / 2009 / the reduced Ordinary Member rate for 2009-2011*

Please complete *legibly*. Thank you!

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

Name: .....

Address: .....

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.....

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: .....