

MEMBERSHIP APPLICATION

(membership year: Jan. 1 - Dec. 31)

I/We wish to join the Carolina Butterfly Society.

A check is enclosed for:

___ Individual Membership (\$15)

___ Family Membership (\$15)

___ Corporate/ Institutional Membership (\$25)

PLEASE PRINT CLEARLY

Name(s): 1) _____

2) _____

Address:

Street _____

City _____ County _____

State _____ Zip _____

Telephone (____) _____ Fax (____) _____

E-mail Address: _____

Butterfly-related Interests

(applicant #1 use first space, applicant #2 use second space.)

___ ___ Watching butterflies

___ ___ Butterfly counts

___ ___ Keeping a life list

___ ___ Raising butterflies

___ ___ Butterfly Gardening

___ ___ Butterfly research

___ ___ Field trips

___ ___ Education

___ ___ Photography

___ ___ Conservation

Other related interests: 1) _____

2) _____

Do you already belong to NABA?

1) ___ yes ___ no

2) ___ yes ___ no

PLEASE PRINT OUT AND MAIL THIS MEMBERSHIP APPLICATION ALONG WITH YOUR DUES CHECK TO:

CAROLINA BUTTERFLY SOCIETY

PO Box 18771

Greensboro, NC 27419