



THE LINNEAN SOCIETY OF NEW SOUTH WALES APPLICATION FOR MEMBERSHIP

-Please print, fill out and return this form to the Secretary at the address below-

Title (Prof, Dr, Mr, Ms etc.).....

Name in full

Residential Address

.....

Postal Address

.....

Telephone (business hours) (.....).....

E-mail.....

Category of Membership:

Please tick:	I enclose:
<input type="checkbox"/> Full Member	\$56
<input type="checkbox"/> Student Member	\$40 and proof of student status. I am not in full-time employment.
<input type="checkbox"/> Retired Member	\$40 and I am 60 years of age or over.
<input type="checkbox"/> Associate Member	\$10

-Note: A discount applies for early renewal each year-

Signature of Applicant

Date.....20.....

Proposed
by*

Seconded
by*

*Not required for Associate Membership. Proposer and seconder must be financial members of the Linnean Society. If your circumstances (such as where you live) make it difficult to find a proposer and seconder, send in an application nevertheless and we will arrange nomination for you.

Please indicate your particular field(s) of interest briefly here.....
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.....
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Send completed application with payment to:

The Secretary
Linnean Society of NSW
PO Box 82
Kingsford NSW 2032.

-OFFICE USE ONLY-

Certificate Received.....20.....

Candidate Elected.....20.....