



Florida Chapter of The Wildlife Society

Membership Application (Please Print Clearly)

Check One: New Member OR Renewing Member

Check One: Student Member (\$10) OR Professional Member (\$20)

Today's Date: _____ **Membership Year*:** _____

Name: _____

Email Address: _____

Work Phone: _____

Company/Affiliation: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

TWS Certified Associate Wildlife Biologist TWS Certified Wildlife Biologist

* All memberships are valid for 12 months unless another year is listed.

Please enclose a check made payable to **FL Chapter of The Wildlife Society** and mail with this form to:

Larame Ferry, Treasurer
C/O FWC
620 South Meridian Street
Tallahassee, FL 32399-1600