



DATE OF APPLICATION _____

SOUTHEASTERN SOCIETY OF PARASITOLOGISTS

An Affiliate of the American Society of Parasitologists

Application for Membership

Name:

(last)

(first)

(middle)

Mailing address: _____

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

Business phone: _____ **FAX:** _____

E-mail address: _____

University/Company Affiliation: _____

Special field(s) of interest: _____

Education:	Institution	Degree	Date Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Membership in other societies: _____

Please return application to:

Dr. Reneé Carleton, SSP Secretary-Treasurer
Department of Biology – Box 430
Berry College
2277 Martha Berry Highway NW
Mount Berry, Georgia 30149

Please include a check for your dues payable to Southeastern Society of Parasitologists.

_____ Student membership \$5.00

Recommended by _____

_____ Full membership \$10.00

Signature of Recommender: _____