



Initials _____

Date of Payment _____

Northern California Parasitologists Annual Membership Form

Name _____

Address _____

City/State/Zip _____

Affiliation _____

(University, College, State Agency, etc.)

Phone _____ FAX _____ e-mail _____

Title

- Student (Circle): Graduate Undergraduate
- Faculty
- Researcher
- Professional
- Other (Please list) _____

Fees

Annual Membership Dues

(Please make check payable to the Northern California Parasitologists)

	<u>Cost</u>	<u>Number of years (1-3) dues to cover</u>	<u>Amount</u>
Student Membership	\$5
Regular Membership	\$20.00

Contribution to student awards (optional).....

Total.....

Mail dues to:

Chindi Peavey, Secretary Treasurer
Northern California Parasitologists
1351 Rollins Road
Burlingame, CA 94091
(650) 344-8592 ext 32

