



Membership Application

Please return this form and your check for fees to
MEA Treasurer, Box 9775, Mississippi State, MS 39762-9775
Or Fax: 662-325-8837

Mississippi Entomological Association



NAME: _____

COMPANY: _____

EMAIL ADDRESS: _____

Note: Please include e-mail address. Mailings during the year including newsletters will be sent to as many as possible via e-mail to save on mailing costs.

MAILING ADDRESS:

TELEPHONE NO.: _____

	FEE	Amount Enclosed
Membership	\$25.00	
Student Membership	\$5.00	
SUBTOTAL		
Optional Contributions*		
4-H ENTOMOLOGY PROGRAM*		
MEA SCHOLARSHIP FUND*		
TOTAL		

*Contributions to the 4-H program and the MEA scholarship fund are invested.

Please make check payable to MEA, and return this form and your check to **MEA-TREASURER P.O. Box 9775, Mississippi State, MS 39762-9775.**