



Membership Application

Mississippi Association of Entomologists, Nematologists, and Plant Pathologists

NAME: _____

COMPANY: _____

EMAIL ADDRESS: _____

TELEPHONE NO.: _____

	FEE	AMOUNT ENCLOSED
Regular Membership	\$25.00	
Student Membership	\$5.00	
SUBTOTAL		
*Association Scholarship (Optional)		
TOTAL		

*Contributions to the association scholarship fund are invested.

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