



2022 Membership Application / Dues Renewal

New Member or Member ID # _____

Name: (First) _____ (Last) _____

Institution: _____ Dept: _____

Address (for confirmation): _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Business Phone: _____ FAX: _____

Email: _____ Home Phone: _____

URL for your Web Page: _____

MEMBERSHIP OPTIONS

Annual Dues (Apr 1, 2022 - Mar 31, 2023)

Please check the appropriate category below. SICB is committed to conservation, and provides the journal electronically unless you opt here for hard copies.

- FM** Full Member \$110
- FH** Full Member Family \$150
- EG** Emeritus \$70
- LM** Life Full Member \$3,150
- LM** Life Full Member Family \$4,200
- 20 year Full Member \$1,700
- 20 year Full Member Family \$2,150
- SS** Student \$50
 - High School Student
 - Undergraduate Student
 - Graduate Student
- SF** Graduate Student Family \$85
- SP** Postdoctoral \$55
- FP** Postdoctoral Family \$70
- HS** K12/Comm. College Teacher \$50

DIVISION AFFILIATION

From the eleven listed below, you may choose your divisional affiliation(s) with a checkmark:

- DAB** Animal Behavior
- DOB** Botany
- DEE** Ecology & Evolution (\$5 dues)
- DCB** Comparative Biomechanics
- DEDE** Ecoimmunology and Disease Ecology
- DCE** Comparative Endocrinology (\$10 dues)
- DIZ** Invertebrate Zoology
- DCPB** Comparative Physiology & Biochem (\$5 dues)
- DNNSB** Neurobiology, Neuroethology, and Sensory Biology
- DEDB** Evolutionary Developmental Biology
- DPCB** Phylogenetics & Comparative Biology (formerly DSEB)
- DVM** Vertebrate Morph (\$5 students/postdocs) (\$10 dues)

CONTRIBUTIONS

Please consider contributing to any of the following:

- George A. Bartholomew Fund \$ _____
- Howard A. Bern Lecture Fund \$ _____
- Dwight Davis Fund \$ _____
- Carl Gans Award Fund \$ _____
- Libbie H. Hyman Memorial Scholarship Fund \$ _____
- Charlotte Mangum Student Support Fund \$ _____
- John A. Moore Lectureship Fund \$ _____
- C. Ladd Prosser Symposium Fund \$ _____
- Dorothy Skinner Memorial Award Fund \$ _____
- Grants-in-Aid of Research/FGST \$ _____
- Symposium Support Fund \$ _____

TOTAL Payment \$ _____

PAYMENT OPTIONS

Mail Check Payment to: SICB, 950 Herndon Parkway, Suite 450, Herndon, VA 20170 or Fax to: (703) 790-2672

VISA MasterCard American Express

Card # _____

Exp. Date _____ CV2# _____

Cardholder Name _____

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Cardholder Billing Address _____

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Refunds are not issued for purchase of Society for Integrative and Comparative Biology membership; membership is canceled when the membership term expires or if an individual requests that the membership be terminated.