



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 (July 1, 2023 to June 30, 2024)

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 \$120
- FH** Full Member Family \$160
- EG** Emeritus \$80
- 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 \$60
 - High School Student
 - Undergraduate Student
 - Graduate Student
- SF** Graduate Student Family \$95
- SP** Postdoctoral \$65
- FP** Postdoctoral Family \$80
- HS** K12/Comm. College Teacher \$60

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
- DCB** Comparative Biomechanics
- DEDE** Ecoimmunology and Disease Ecology
- DCE** Comparative Endocrinology
- DIZ** Invertebrate Zoology
- DCPB** Comparative Physiology & Biochem
- DNNSB** Neurobiology, Neuroethology, and Sensory Biology
- DEDB** Evolutionary Developmental Biology
- DPCB** Phylogenetics & Comparative Biology
- DVM** Vertebrate Morphology

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 _____

Signature _____

Cardholder Billing Address _____

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Cardholder Phone _____ Email _____

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.