### 2019 MEMBERSHIP FORM

**YOUR CONTACT INFORMATION**

☐ mailing ☐ billing

Title (Dr.) (Prof.) (Mr.) (Mrs.) (Ms.) Other

Name __________________________________________

Institution _____________________________________

Department ____________________________________

Address _______________________________________

City ___________________________________________

State/Prov ___________ Zip/Postal Code __________

Country _______________________________________

Phone _________________________________________

Fax __________________________________________

Email _________________________________________

**FAMILY MEMBER CONTACT INFORMATION**

(if purchasing a family membership)

Title (Dr.) (Prof.) (Mr.) (Mrs.) (Ms.) Other

Name _________________________________________

Institution _____________________________________

Department ____________________________________

Address _______________________________________

City ___________________________________________

State/Prov ___________ Zip/Postal Code __________

Country _______________________________________

Phone _________________________________________

Fax __________________________________________

Email _________________________________________

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### MEMBERSHIP TYPE

<table>
<thead>
<tr>
<th>Regular Type</th>
<th>$60</th>
<th>$________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>$70</td>
<td>$________</td>
</tr>
<tr>
<td>Emeritus/Emerita (Retired)</td>
<td>$35</td>
<td>$________</td>
</tr>
<tr>
<td>Emeritus/Emerita Family</td>
<td>$45</td>
<td>$________</td>
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<tr>
<td>Student</td>
<td>$30</td>
<td>$________</td>
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<tr>
<td>Student Family</td>
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<td>$________</td>
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<thead>
<tr>
<th>LDC (Least Developed Countries, eligibility = International Development Association, World Bank list)</th>
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<tbody>
<tr>
<td>LDC Regular</td>
</tr>
<tr>
<td>LDC Student</td>
</tr>
<tr>
<td>SUSTAINING* (International)</td>
</tr>
<tr>
<td>PATRON*</td>
</tr>
<tr>
<td>Benefactor*</td>
</tr>
<tr>
<td>Life</td>
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</tbody>
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**SUBTOTAL** $________

Membership includes online access to *Economic Botany* (1947-present) and issues of the society newsletter *Plants & People*. * = Receives both print & online access to the *Economic Botany*

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### PRINT SUBSCRIPTION TO ECONOMIC BOTANY

| Reg/Student/Emeritus | $55  | $________ |
| Life                | $600 | $________ |

☐ I prefer to receive a print copy of the newsletter *Plants and People* (All newsletters are available online as Adobe PDFs)

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### TOTAL CONTRIBUTIONS

- Membership Dues $________
- Gifts (tax deductible) $________
- *Economic Botany* in Print $________

**TOTAL REMITTED** $________

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### CHECKS

Make checks payable to the Society for Economic Botany. Checks must be drawn on a U.S. bank or a postal money order in U.S. dollars.

### CREDIT CARDS

- Charge My ☐ MasterCard ☐ Visa

Name on Card __________________________________________

Account Number _________________________________________

Expiration Date ________________________________

Please print name of the cardholder if different from Member

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### SEND MEMBERSHIP FORM AND PAYMENT TO

Society for Economic Botany
4344 Shaw Blvd
St. Louis, MO 63110
USA

Or Email aneely@botany.org
Or Fax (314) 558-9184

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### GIFT OPPORTUNITIES (TAX-DEDUCTIBLE)

Please consider supporting our mission. Your support of the SEB Endowment or Travel Awards at any level ensures that our programs and mission will be sustained into the future. Thank you!

<table>
<thead>
<tr>
<th>SEB ENDOWMENT FUND</th>
<th>$________</th>
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<tbody>
<tr>
<td>SEB TRAVEL AWARDS</td>
<td>$________</td>
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**SUBTOTAL** $________