



2023 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 _____

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 _____

Email _____

GIFT OPPORTUNITIES (TAX-DEDUCTIBLE)

Please consider supporting our mission. Your support of these funds *at any level* ensures that our programs and mission will be sustained into the future. Thank you!

RICHARD E. SCHULTES RESEARCH AWARD \$ _____

SEB ENDOWMENT FUND \$ _____

SEB CONFERENCE AWARDS \$ _____

2023 SEB/SoE CONFERENCE SPONSORSHIP \$ _____

SUBTOTAL \$ _____

MEMBERSHIP TYPE

REGULAR	\$65	\$ _____
Regular Family	\$85	\$ _____
3-Year Regular Membership	\$180	\$ _____
EMERITUS/EMERITA (Retired)	\$35	\$ _____
Emeritus/Emerita Family	\$55	\$ _____
3-Year Emeritus/Emerita	\$95	\$ _____
STUDENT	\$30	\$ _____
Student Family	\$50	\$ _____
3-Year Student Membership	\$80	\$ _____

LDC (Least Developed Countries, eligibility = International Development Association, World Bank list)

LDC Regular	\$25	\$ _____
LDC Student	\$10	\$ _____

SUSTAINING* \$150 \$ _____

PATRON* \$250 \$ _____

BENEFACTOR* \$500 \$ _____

LIFE \$1000 \$ _____

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*

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)

TOTAL CONTRIBUTIONS

Membership Dues \$ _____

Gifts (tax deductible) \$ _____

Economic Botany in Print \$ _____

TOTAL REMITTED \$ _____

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

SEND MEMBERSHIP FORM AND PAYMENT TO

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

Or Email aneely@botany.org