

HAWAIIAN ENTOMOLOGICAL SOCIETY



Membership Application



Name : _____

Professional Title : _____

Company : _____

Phone : _____

Address : _____

Email : _____

I wish to become a :

Regular Member

Student Member

Please provide information with respect to the following areas :

Education

Degrees earned :

Educational Institution

Majors / Minors

B.S. _____

M.S. _____

Ph.D. _____

Other _____

Experience in the
Field of
Entomology

Current Professional
Interests

Annual Dues

HES Student Member: \$10

HES Full Member: \$20

Payment

Check (Payable to "Hawaiian Entomological Society")

Cash (Do not mail- Hand to HES Treasurer in person)

I wish to become an Active Member
of the Hawaiian Entomological Society

Date

Hawaiian Entomological Society
Attn: Darcy Oishi * % Hawai'i Department of Agriculture
1428 S. King Street * Honolulu, HI 96814 * hientsoc@hawaii.edu