THE COASTAL SOCIETY MEMBERSHIP FORM

Name: _____
Last First Middle Initial

Organization: _____

Street: _____

City/State/Zip: _____

Country: _____

Home Address (if preferred mailing address): _____

_____

Daytime Phone: _____ E-Mail: _____

Present Occupation: _____

Primary Interest: _____

TCS Chapter Affiliation (if any): _____

Sponsored/Referred by: _____

Type of Membership (Check one):

○ Regular, $100 US	(Professionals or interested citizens)
○ New Professional, $60 US Date of graduation _____	(Out of school fewer than two years) Name of academic institution _____
○ Retired, $50 US Date of retirement _____	(Over age 65 and retired from full time work) Former employer _____
○ Student, $30 US Faculty advisor _____	(Enrolled in a graduate, undergraduate or secondary academic program) Faculty advisor email _____
○ Library, $50 US	(Library)
○ Institutional, $250 US	(Institution or organization; list three individuals' names and email addresses on form)
○ Corporate, $500 US	(Company, business, or organization; list six individuals' names and email addresses on form)

Signature: _____ Today's Date: _____ Thank you!

Dues are for the calendar year, and mid-year payments are not pro-rated.
Make check payable to The Coastal Society, and mail it with your application to: PO Box 3590, Williamsburg, VA 23185. To pay by credit card, please use the online application at: www.thecoastalsociety.org/membership_signup.cgi