



Western New York Herpetological Society

www.wnyherp.org

Date: _____

Application for Membership

Check if Renewal

Name:		Phone:	
Street:			
City:		State:	Zip:
E-Mail:			

May we post your contact information above in our Member Directory (available only to other members)? Yes___ No___

How would you classify your reptile experience? Novice ___ Intermediate___ Advanced ___

What species (if any) do you now own? _____

Check any topics you would be interested in helping with:

Education ___ Membership ___ Public Demos ___ Fund Raising ___ Show Committee ___

Type of Membership: Single ___ (\$20) Family ___ (\$25)

New memberships and membership renewals can now also be completed and paid on-line. Please see our web site at <http://www.wnyherp.org> for more information about this option.

For Club use only -- Do not write in this space

Applicant Accepted _____ Applicant Rejected _____

Members input? _____

Reason (if any) _____

Applicant notified ___ Yes ___ No Date _____

Dues paid (Date) _____ Amt. _____