

# Join/Renew The Crustacean Society!

Membership ID # \_\_\_\_\_

Name (First, Last) \_\_\_\_\_

Affiliation \_\_\_\_\_

Mailing address for Society communications (Please condense to no more than 3 lines, 40 characters per line, maximum)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (include area code) \_\_\_\_\_ FAX: (include area code) \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Type of membership and annual dues for 2024

Membership year is January 1 – December 31

- Member (Online Journal) ..... \$ 100
- Patron Member (Online Journal and subsidize at least one [student] member) ..... \$ 195
- Student or Postdoc Member\* ..... \$ 35
- K-12 Educator or Amateur/Avocational Member ..... \$ 35
- Member in financial hardship\*\* ..... \$ 35
- Denton Belk Memorial Endowed Fund Contribution ..... \$ \_\_\_\_\_
- Student Scholarship Awards Contribution ..... \$ \_\_\_\_\_
- Voluntary assessment to support TCS activities. .... \$ \_\_\_\_\_

\* Individuals claiming student rates are asked to provide your mentor's name. Mentor does not have to be a member.

\*\* Individuals claiming financial hardship can apply to anyone, irrespective of rank/status; we request a short letter demonstrating the need for this reduced rate.

Mentor Name \_\_\_\_\_

Mentor Email \_\_\_\_\_

## Payment Info

- Personal check
- Visa  MasterCard  American Express  Discover

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CV2# \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cardholder Phone: \_\_\_\_\_

Email (for receipt): \_\_\_\_\_

**Send completed application form and payment in U.S. dollars to:**

950 Herndon Parkway, Suite 450  
Herndon, VA 20170

Phone: 703-790-1745; Fax: 703-790-2672  
TCS@burkinc.com

For questions regarding membership contact [awride-graney@burkinc.com](mailto:awride-graney@burkinc.com)

**Federal Tax ID: 52-1173036**