Membership ID #		
Name (Firrst, Last)		
Affiliation		
Mailing address for Society communications (Please condense to no mo	re than 3 lines, 40 characters per line, m	aximum)
none: (include area code)FAX: (include area code)		
E-mail address:	<del></del>	
Type of membership and annual dues for 2025 (Membership	year is January 1 – December 31)	
□ Member (Online Journal). □ Patron Member (Online Journal and subsidize at least one [st □ Student or Postdoc Member*. □ K-12 Educator or Amateur/Avocational Member . □ Member in financial hardship** □ Lifetime membership . □ 20 Year membership . □ 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. N ** Individuals claiming financial hardship can apply to anyone, irrespective of rar need for this reduced rate.  Mentor Name	tudent] member)	1,400
Payment Info  ☐ Personal check ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover  Card #	Send completed application payment in U.S. dollars to:	
Exp. Date: CV2#	950 Herndon Parkway, Suite 450 Herndon, VA 20170	
Cardholder Name:	Phone: 703-790-1745; Fax: 703-790-2672	
Signature:	TCS@burkinc.com	
Cardholder Billing Address:	For questions regarding membership contact awride-graney@burkinc.com	
City, State, Zip:		
Cardholder Phone:	Federal Tax ID: 52-11	73036
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Email (for receipt): \_