

MICHIGAN BOTANICAL CLUB - SOUTHEASTERN CHAPTER MEMBERSHIP FORM

Membership year runs from January 1 to December 31

NAME: _____ PHONE: () _____

ADDRESS: _____

CITY, STATE, ZIP (+4 please): _____

E-mail address _____ (will not be printed or distributed)

_____ \$25-Individual or Family

_____ \$35-Benefactor

_____ Check here if you do
not want your phone
number listed on the roster

Dues include subscription to the journal *The Michigan Botanist*, the state newsletter *Arisaema*, and the Southeastern Chapter *Newsletter*.

_____ Check here if you wish to receive the Southeastern Chapter *Newsletter*
by e-mail.

Please make your check payable to:

MICHIGAN BOTANICAL CLUB - SEC

and mail to:

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