San Joaquin Valley Chapter of the Wildlife Society Membership Form

Date:					
Last Name:	First	First Name:		M. I. :	
Mailing Address:					
City:	State:	Zip Code:			
Work Phone:	Home Phone	e:	Fax:		
E-mail address:					
Employer/Affiliation:_					
Areas of Interest:					
Are you a student? Y	es No If yes, which	school?			
Would you be interested	l in serving on a com	mittee or becom	me an officer?		
Annual Dues: \$5.00 (m	ake checks payable to	o "San Joaquir	n Valley Chapter-TW	S")	
Or, have you paid you		-			
Yes / No	•	9			
If you said "yes" please	fill out this members	hip form as we	ell and send it to the	address below.	
Mail forms with dues 1		p 101111 u 0			
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The Wildlife Society Sa PMB 165	n Joaquin Valley Cha	apter			
1099 E. Champlain Driv Fresno, CA 93720-5033	re, Suite A				

For more information, contact Mitchell Coleman at: tws.sjv.membershipcoordinator@gmail.com