

## MEMBERSHIP RENEWAL

Fill in the active form by computer and print this page and mail it with your check after completion.



**THE LINNAEAN SOCIETY OF NEW YORK**

**Attn: Secretary**

**P.O. Box 4121**

**New York, NY 10163-4121**

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Name:

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Street Address:

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Apt./Suite:

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City, State, Zip:

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Telephone:

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Email:

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Check if this is a new address.

**I am renewing my membership at the following level:**

\$45.00 = Active Member

\$100.00 = Supporting Member

\$30.00 = Associate Member

Is for persons living more than 50 miles from the American Museum of Natural History, in New York City (except foreign applicants) or for full-time students.

\$800.00 = Life Member

May be paid in four annual installments.

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Date:

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