

Maine Herpetological Society
1- year Membership Application **Date** _____

Type of Membership:
Student (\$8)_____ Individual (\$10)_____ Family or Business (\$15)_____

Name(s)_____

Address_____

City _____ State _____ Zip _____

Phone # _____

E-mail Address_____

Special Herp Interests: _____

If mailing in, send to MHS, 99 Water St., Millinocket, ME 04462

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