MEMBERSHIP APPLICATION TO THE COASTAL SOCIETY

Name: _____
Last First Middle Initial

Job Title: _____

Organization: _____

Street: _____

City/State/Zip: _____

Country: _____

Home Address (if preferred mailing address): _____

_____

Daytime Phone: _____ E-Mail: _____

Present Occupation: _____

Primary Interest: _____

Sponsored/Referred by: _____

Type Membership (Check one):
___ Individual, $60 US
___ Student, $20 US
___ Library, $50 US
___ Corporate/Agency, $250 US

Signature: _____ Today's Date: _____ Thank you!

Make check payable to: The Coastal Society.
Please mail payment and application to: PO Box 3590, Williamsburg, VA 23187

1/1/2008