

**ATLANTIC ESTUARINE RESEARCH SOCIETY
MEMBERSHIP APPLICATION**



est. 1949

Name: _____

Institutional Affiliation: _____

Address: _____

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Phone: _____ FAX: _____

e-mail: _____

Membership Category (dues):

Regular (\$20)

Student (\$10)

Institution: _____

Undergraduate Masters Doctoral

General Research Interests:

Please enclose a check made payable to AERS for the amount indicated above and mail this form to:

**Treda Grayson
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