



MEMBERSHIP FORM

MEMBERSHIP TYPE

New (\$10) Renewal (\$10) Lifetime (\$200)

MISSOURI CHAPTER - AMERICAN FISHERIES SOCIETY

Date _____

CONTACT INFORMATION

Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ ext: _____

E-mail Address: _____

SERVICE

Would you serve the Missouri Chapter as an Officer? Yes No

Are you willing to serve on any of the following committees? Check all that apply.

- Anglers with Disabilities
- Awards
- Chapter History
- Continuing Education
- Finance
- Information Technology
- Newsletter
- Legislative & Environmental Concerns
- Membership
- Publicity
- Rivers & Streams
- Steering - MO Natural Resource Conference
- Student Support

AFFILIATION

Student (BS MS PhD)

School: _____

Expected Graduation Date: _____

Professional. What is your professional affiliation?

- Federal Industry
- State Extension/Education/Outreach
- Local Retired
- Academia Other _____

PARENT SOCIETY MEMBER (AFS)

Yes No

Mail completed form and your check to:
Darby Niswonger, Treasurer of MOAFS
Missouri Department of Conservation
3500 East Gans Rd
Columbia, MO 65201

It is our policy to protect your contact information unless you indicate another preference

Yes **No** My contact information may be shared with the Conservation Federation of Missouri (CFM). CFM requests this because MOAFS is an affiliate member.

Yes **No** My contact information may be shared with other organization