

CALIFORNIA BOTANICAL SOCIETY
www.calbotsoc.org

Membership Form (Multi-Year Renewal Discounts!)
(your expiration date is printed on the mailing polybag)

Madroño is free to all members, and is available in print and online. Membership is by volume year which follows a calendar year. We are pleased to offer discounts for multi-year renewals by individuals.

Name: _____

Mailing address: _____

Please check box if you would like to be a member of this Society but do not want to receive printed *Madroños* (for non-institutional members only)

Phone number: _____

Email address (so we can email you notices of Society events, news and membership matters): _____

New membership Renewal Gift

Membership Rates and discounts for multi-year renewals by individuals

<i>Madroño</i> 70 / 2023	5% off for 2 Years 2023 - 2024	10% off for 3 Years 2023 - 2025	10% off for 3+ Years 2023 – 2025 +
_____ \$50.00 Regular	<i>Madroño</i> 70 & 71	<i>Madroño</i> 70, 71 & 72	<i>Madroño</i> 70, 71, 72 +
_____ \$55.00 Family*	_____ \$ 95.00 Regular	_____ \$135.00 Regular	\$_____ Regular
_____ \$35.00 Emeritus**	_____ \$104.50 Family*	_____ \$148.50 Family*	\$_____ Family*
_____ \$20.00 Student***	_____ \$ 66.50 Emeritus**	_____ \$ 94.50 Emeritus**	\$_____ Emeritus**
_____ \$35.00 Postdoc	_____ \$ 38.00 Student***	_____ \$ 54.00 Student***	\$_____ Student***
_____ \$1,000 Life	_____ \$ 66.50 Postdoc	_____ \$ 94.50 Postdoc	\$_____ Postdoc
_____ \$85.00 Institutional subscription			

\$_____ Contribution to the Paul Silva Student Research Fund

\$_____ Contribution to our Botany Education and Outreach Programs

\$_____ Contribution to the Annetta Carter Memorial Fund, which awards grants for botanical research on the green plants of Baja California

\$_____ Contribution to the Endowment Fund

TOTAL ENCLOSED: \$_____

*Please list additional family members: _____

**For retired faculty and other professionals; requires 10 years of prior membership.

***7 years maximum eligibility. Advisor's signature (or copy of student ID): _____

Payment information:

Check (payable to the California Botanical Society)

Charge (circle one): Visa MasterCard American Express

Account #: _____ Expiration Date: _____

Cardholder signature: _____

Phone number (required for credit card payments): _____

Mail to:
California Botanical Society
c/o Jepson Herbarium, 1001 Valley Life Sciences Building
University of California, Berkeley, California 94720-2465
USA

**For questions about your membership,
please contact:**
Mitchell Coleman, Membership Chair
membership@calbotsoc.org
510-643-7008

