



YOU ARE INVITED TO JOIN THE OHIO LEPIDOPTERISTS!

Name: _____ Date: _____

Address: _____

Telephone: Home: _____ Work: _____

Fax: _____

E-mail: _____

Membership Dues:

Sustaining: (\$20.00 or more per calendar year) _____

Single/Family: (\$15.00 per calendar year) _____

Full Time Student: (\$5.00 per calendar year) _____

Name of School: _____

Please enclose a check for the correct amount. Checks should be made out to:
The Ohio Lepidopterists. Send to:

Don Reuter
274 Westview Ave.
Columbus, OH 43214-1428
USA

Interests:

- | | |
|--|--|
| <input type="checkbox"/> Biology of plants/animals, nature study _____ | <input type="checkbox"/> Monarch butterflies _____ |
| <input type="checkbox"/> Butterflies and Skippers _____ | <input type="checkbox"/> Moths _____ |
| <input type="checkbox"/> Butterfly Gardening _____ | <input type="checkbox"/> Photography _____ |
| <input type="checkbox"/> Collecting _____ | <input type="checkbox"/> Rearing, raising _____ |
| <input type="checkbox"/> Collections _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Conservation/Preservation issues _____ | |
| <input type="checkbox"/> Ecology _____ | |
| <input type="checkbox"/> Lepidoptera, all _____ | |