



YOU ARE INVITED TO JOIN THE OHIO LEPIDOPTERISTS!

Name: _____ Date: _____

Address: _____

Telephone: Home: _____ Work: _____

Fax: _____

E-mail: _____

Membership Dues:

Sustaining: (\$25.00 or more per calendar _____
year) Single/Family: (\$20.00 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:

Biology of plants/animals, nature study _____
 Butterflies and Skippers _____
 Butterfly Gardening _____
 Collecting _____
 Collections _____
 Conservation/Preservation issues _____
 Ecology _____
 Lepidoptera, all _____

Monarch butterflies _____
 Moths _____
 Photography _____
 Rearing, raising _____
 Other _____