

# Southeastern Microscopy Society Membership Application



## Individual membership (Annual fee: \$40.00)

First and Last Name

Email address

Street address

Street address line 2

City

State

Zip code

Phone number

---

## Corporate membership (Annual fee: \$200.00)

Business/Organization name

Website

Primary contact first and last name

Primary contact email

Street address

Street address line 2

City

State

Zip code

Phone number

**Student membership (Annual fee: \$20.00 with faculty advisor signature)**

First and Last Name

Email address

Institution/University

Street address

City

State

Zip code

Phone number (optional)

Faculty advisor signature

Faculty advisor printed name

---

**Payment may be made by credit card or PayPal.  
Checks are accepted; made payable to SEMS.**

**Mail checks and printed form to:**

**Karen Kelley, SEMS Treasurer  
University of Florida  
ICBR Electron Microscopy Core Lab  
Box 110700  
Gainesville, FL 32611**