



THE GREATER CINCINNATI HERPETOLOGICAL SOCIETY

www.cincyherps.com

MEMBERSHIP RENEWAL & INFORMATION FORM
(Please Print)

Name: _____ Date: _____

Mailing Address: _____

City, State: _____ Zip Code: _____

Area Code / Phone Number: _____

Email: _____

Membership Expiration Date: _____

Member Since: _____

May this information be published in the Greater Cincinnati Herpetological Society's Roster? (Contact information is only accessible by members of the board.)

_____ YES _____ NO

Are you interested in being a point of contact for new members? (Phone number and email address only, would be given to new members in case they had questions.)

_____ YES _____ NO

Membership Type

_____ Family - \$20.00/YR _____ Student (under 18) - \$10.00/YR _____ Individual - \$15.00/YR
_____ Sustaining - \$25.00/YR _____ Institutional - \$30.00/YR _____ Contributing - \$50.00/YR

I would prefer to receive my newsletter via:

_____ US Postal Mail (paper copy) _____ Email (as .pdf file) _____ Both

Please make all checks payable to The Greater Cincinnati Herpetological Society (or G.C.H.S.) and send the completed renewal form and appropriate dues to:

GCHS c/o Membership Renewal
PO Box 14783
Cincinnati, OH 45250