



MEMBERSHIP FORM

MEMBERSHIP TYPE

New (\$10) Renewal (\$10) Lifetime (\$200)

MISSOURI CHAPTER - AMERICAN FISHERIES SOCIETY

Date _____

CONTACT INFORMATION

Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ ext: _____

E-mail Address: _____

AFFILIATION

Student (BS MS PhD)

School: _____

Expected Graduation Date: _____

Professional. What is your professional affiliation?

- Federal Industry
- State Extension/Education/Outreach
- Local Retired
- Academia Other _____

SERVICE

Would you serve the Missouri Chapter as an Officer? Yes No

Are you willing to serve on any of the following committees? Check all that apply.

- Anglers with Disabilities
- Awards
- Chapter History
- Continuing Education
- Finance
- Information Technology
- Newsletter
- Legislative & Environmental Concerns
- Membership
- Publicity
- Rivers & Streams
- Steering - MO Natural Resource Conference
- Student Support

PARENT SOCIETY MEMBER (AFS)

Yes No

Mail completed form and your check to:

Cade Lyon, Treasurer of MOAFS
cade.lyon@mdc.mo.gov
12405 SE Ranson Rd
Lees Summit, MO 64082

It is our policy to protect your contact information unless you indicate another preference

- Yes **No** My contact information may be shared with the Conservation Federation of Missouri (CFM). CFM requests this because MOAFS is an affiliate member.
- Yes **No** My contact information may be shared with other organization