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**FORM** for **APPLICATION** for **ASSOCIATESHIP**

of the Linnean Society of London

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The Society welcomes ASSOCIATES. To qualify for ASSOCIATESHIP, you must be at least 18 years of age (there is no upper age limit).

Please upload a brief CV to this form, if possible.

Your full name and contact details must be given. Family name last.

Full Name………….…………………………………………….Date of birth (optional)……….

Address………………...…………………………………………………………………........

………...………………………………………………….Post code ……………………Country…………

Email …………………………………………………………Mobile…………………….....................

Your particular interest[s] in natural history ………………………………………...............

Profession/occupation …………………………………………………………………………….

I wish to become an ASSOCIATE of THE LINNEAN SOCIETY OF LONDON

Name                                            Signature …………………………………………………………………………………………………

Please enclose payment of £50 with this form or pay by bank transfer (please see payment details on separate form). Please note that the annual contribution will increase to £55 from 24th May 2017.

*If and when you desire to become a Fellow of the Linnean Society, with its associated benefits, you just need to notify the Membership Department, so that your name can be put forward for election.*

Please send this form to the Membership Department, The Linnean Society of London, Burlington House, Piccadilly, London W1J 0BF or provide a scanned copy by email to [tatiana@linnean.org](mailto:tatiana@linnean.org)

*For office use only*

This Form was received on date………………………………..………………………………..