MISSISSIPPI ACADEMY OF SCIENCES ABSTRACT FORM/MEMBERSHIP FORM

ABSTRACT INFORMATION

Abstract title: __________________________________________________________
Name of Presenting Author(s):_____________________________________________
If you are a student please fill-out the next line
Name of Mentor and e-mail of Mentor ________________________________________
(Presenter must be current (i.e., 2021 membership dues must be paid), student member, regular member or life member
of the MAS)
Telephone __________________________________ Email ______________________

Check the division in which you are presenting
___ Agriculture and Plant Science ___ Health Sciences ___ Physics and Engineering
___ Cellular, Molecular, and Dev. Biol ___ History and Philosophy of Sciences ___ Psychology and Social Sciences
___ Ecology and Evolutionary Biology ___ Marine and Atmospheric Sciences ___ Zoology and Entomology
___ Geology and Geography

Complete either the Membership/Pre-Registration form if you plan to attend and present at
the meeting if you do not plan to attend the meeting please complete the membership form

MEMBERSHIP/ PRE-REGISTRATION INFORMATION
New___ Renewal___
Mr. Ms. Dr. __________________________________________________________
Address __________________________________________________________
City, State, Zip ______________________________________________________________________
School or Firm ______________________________________________________________________
Telephone ___________________________ Email _______________________________________

PLEASE INDICATE DIVISION YOU WISH TO BE AFFILIATED
Before June 20, 2021………………….Regular Member/Pre-Registration $155 Student Member/ Pre-registration $60
After June 20, 2021………………….Regular Member/Registration $220 Student Member/ Registration $70

MEMBERSHIP INFORMATION
New___ Renewal___
Mr. Ms. Dr. __________________________________________________________
Address __________________________________________________________
City, State, Zip ______________________________________________________________________
School or Firm ______________________________________________________________________
Telephone ___________________________ Email _______________________________________

PLEASE INDICATE DIVISION YOU WISH TO BE AFFILIATED
Regular Member $30 Student Member $10 Life Member $60
Educational Member $550 Corporate Patron $1000 Corporate Donor $500

CHECKLIST

Please complete the following:
___ Enclose title of abstract (even if abstract has been submitted electronically)
___ Complete membership/registration form (this form)
___ Enclose the following payments (Make checks payable to Mississippi Academy of Sciences)
   ___ $25 per abstract
   ___ $155 regular membership/pre-registration fee OR $60 student membership/pre-registration fee
___ You must supply a check #_______ or P.O. #_________________(or indicate Pay Pal confirmation) __________