



# Hawaii Chapter of The Wildlife Society

## Membership Form

**Personal Information** (\*-required)

First Name:*		
Last Name:*		
Employer:		
Position Title:		
E-mail:*		
Phone:*		
Address:*		
City:*	State:*	Zip:*

**Membership** (mark y/n)

	\$5.00 Professional
	\$5.00 Student
	Are you currently a member of another chapter or section of The Wildlife Society?

**Optional Information:**

Have you previously been a HI-TWS member? \_\_\_ Yes \_\_\_ No When? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Would you be interested in serving on a HI-TWS committee or assisting with coordinating an event or workshop? \_\_\_ Yes \_\_\_ No

Suggestions for workshops, networking opportunities, or other activities/events you'd be interested in: