



Membership Application Form

_____ \$ 5 Junior/High School Student Membership

Section Choice _____

Payment Enclosed \$ _____

Name _____

Street _____

City _____

State _____ Zip _____

County _____

School _____

School Sponsor _____

Phone _____ FAX: _____

e-mail address _____

Please make checks payable and mail to:

Kentucky Junior Academy of Science
Dr. Ruth E. Beattie, Director KJAS,
Dept of Biology,
University of Kentucky
Lexington, KY 40506