

# Board Certified Entomologist

## –RENEWAL FORM –



Thank you for maintaining your status as a Board Certified Entomologist. Please complete the information below and return it to the ESA Headquarters at the address below. If you are an ESA member, please only use this form if you are paying for your BCE fees separate from your membership renewal. Otherwise, use the regular ESA membership renewal form and indicate your status as a certified individual.

BCE Renewal for the calendar year(s) \_\_\_\_\_ Today's Date: \_\_\_\_\_

### **Personal Information:**

Full Name: \_\_\_\_\_ ESA ID Number \_\_\_\_\_ BCE ID Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip, and Country \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Are you an ESA Member? (please check one box)**

Yes       No, but I want to join!       No, I am only interested in renewing my BCE status.

### **Integrity:**

By signing your name below you are certifying that during the past year and looking ahead to the next year, you are willing to adhere to the BCE Code of Ethics.

\_\_\_\_\_  
*Signature and date*

### **Continuing Education:**

Every three years all BCEs must submit their Professional Maintenance and Certification (PMC) Report. This process is detailed online here (<http://www.entocert.org/maintain-my-certification-0>) where forms can be downloaded.

### **Payment Information:**

*(Need to change your BCE status? See <http://www.entocert.org/bce-alternative-application-renewal-options>)*

BCE (Full) Annual Renewal Fee (\$100 ESA Members or \$200/non-ESA members)      \$ \_\_\_\_\_

BCE (Intern) Annual Renewal Fee (\$20 ESA Members or \$40/non-ESA members)      \$ \_\_\_\_\_

BCE (Emeritus) Annual Renewal Fee (\$20 ESA Members or \$40/non-ESA members)      \$ \_\_\_\_\_

BCE Contribution to support the program  \$25     \$50     \$100     Other      \$ \_\_\_\_\_

ESA 2017 membership dues \$146      \$ \_\_\_\_\_

**Total Amount Charged**      \$ \_\_\_\_\_

### **Check or Credit Card Payment**

VISA       MASTERCARD       AM. EXPRESS       DISCOVER       Check (# \_\_\_\_\_)

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

### **Submitting Your Information:**

**Please return this application and any supporting documents or payments to:**

BCE Program; Entomological Society of America

c/o Wells Fargo Bank

Lockbox 758954

Baltimore, MD 21275-8954 U.S.A.

Phone: 301-731-4535 • Fax: 301-731-4538 Email: [bce@entsoc.org](mailto:bce@entsoc.org)