



THE AMERICAN MALACOLOGICAL SOCIETY

Charles Sturm, Treasurer
American Malacological Society, Inc.
5024 Beech Rd.
Murrysville, PA, USA 15668-9613

APPLICATION FOR NEW INSTITUTIONAL MEMBERSHIP, 2017 CALENDAR YEAR: PAGE 1

Please complete **both pages** of this form and mail it with your payment to the treasurer at the address above.
(Please use **black ink**)

Institution/Club Name _____

1. MEMBERSHIP CATEGORY *Please check box and circle amount paid*

- | | |
|---|-----------------|
| <input type="checkbox"/> Affiliate Membership (Institutions, clubs & other organizations)- One year dues (2017) | \$100.00 |
| <input type="checkbox"/> Affiliate Membership (Institutions, clubs & other organizations)- Two years (2017 & 2018) | \$180.00 |
| <input type="checkbox"/> Affiliate Membership (Institutions, clubs & other organizations)- Three years (2017-2019) | \$250.00 |

* *Members outside the US please note that there is a **postage and handling fee** for the Bulletin.*

2. **POSTAGE** **Canada & Mexico** \$5.00 per year **All other non-US addresses** \$10.00 per year \$ ____.

3. TAX-DEDUCTIBLE GIFT

- | | |
|--|----------|
| <input type="checkbox"/> To Symposium Endowment Fund | \$ ____. |
| <input type="checkbox"/> To Student Research Grant Endowment Fund | \$ ____. |

TOTAL ENCLOSED: \$ ____.

• *Payment can be made by **check drawn on a U.S. bank**, by international money order or by MasterCard/Visa. Make checks payable to the **American Malacological Society**.*

• *The AMS will issue a receipt and/or confirm membership status on request to **csturmjr@pitt.edu***

• *If you wish to make payment via **VISA or MasterCard**, please complete the following:*

- VISA MASTERCARD

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PAGE 2: ADDRESS AND CONTACT DETAILS

Please fill in this form and mail it to the treasurer together with the first page.

NAME

ADDRESS

Department

Hall or box #

Institution

Mailing address

City

State or Province

Postal/ZIP code

Country

Office phone

Fax

E-mail

For official use only

Date r'cd

Paid to

Comments