



THE AMERICAN MALACOLOGICAL SOCIETY

Elizabeth Shea, Treasurer

American Malacological Society, Inc.
C/O Delaware Museum of Natural History
4840 Kennett Pike.
Wilmington, DE, USA 19807

**APPLICATION FOR NEW INSTITUTIONAL MEMBERSHIP
2019 CALENDAR YEAR (JANUARY 1 – DECEMBER 31)
PAGE 1 OF 2**

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

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 (2018) | \$100.00 |
| <input type="checkbox"/> Affiliate Membership (Institutions, clubs & other organizations)- Two years (2018 & 2019) | \$180.00 |
| <input type="checkbox"/> Affiliate Membership (Institutions, clubs & other organizations)- Three years (2018-2020) | \$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 (preferred)** or by international money order. Make checks payable to the **American Malacological Society**.*
- *Payment can be made by **wire transfer**. **Additional fees apply**. Please get in touch with Liz at eshea@delmnh.org for additional instructions and bank codes.*
- *The AMS will issue a receipt and/or confirm membership status on request to eshea@delmnh.org.*



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APPLICATION FOR NEW INSTITUTIONAL MEMBERSHIP, 2019 CALENDAR YEAR
PAGE 2 OF 2: ADDRESS AND CONTACT DETAILS

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

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