



THE AMERICAN MALACOLOGICAL SOCIETY

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

APPLICATION FOR NEW MEMBERSHIP IN 2017 CALENDAR YEAR: PAGE 1

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

First Name / Middle Initial / Last Name

1. CONTACT OPTIONS

- Please list my e-mail in the AMS Directory and contact me via e-mail to save time and money
- Please do not list my e-mail address in the Directory, but contact me via e-mail
- Please use postal mail when corresponding with me

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

- Regular Member** - One year dues (2017) \$ 60.00
- Regular Member** - Two years (2017 & 2018) \$105.00
- Regular Member** - Three years (2017-2019) \$145.00
- Each additional family member**, per year \$ 1.00
- Student Member** - One year \$ 20.00
- Sustaining Member** – Regular dues plus \$25.00 \$ 85.00
- Membership reinstatement/back issues** @ \$60 Regular / \$20 Student \$ __. __

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

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

4. TAX-DEDUCTIBLE GIFT

- To Symposium Endowment Fund** \$ __. __
- 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 MASTER

Card number _____ Expiry Date _____

3- or 4-digit security code _____

Signature of cardholder _____

Please provide your address and contact details on page 2



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PAGE 2: ADDRESS AND CONTACT DETAILS

Please fill in this form with **black ink** and mail it to the treasurer together with the first page. For options, see under [1] on page 2.

TITLE (DR, MR, MS. ETC)

NAME (FIRST/INITIAL/LAST)

ADDRESS¹

Department

Hall or box #

Institution

Mailing address

City

State or Province

Postal/ZIP code

Country

Office phone

Home phone

Cell phone

Fax

E-mail²

Interests³

¹ Members may only provide a single address. Students are advised to give the address of their institution, to facilitate mail forwarding.

² Please give a work or institutional e-mail address where possible

³ Please provide some key words outlining your special interests within Malacology. You may also give the URL of your web site(s) here.

For official use only

Date r'cd

Paid to

Comments