



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 MEMBERSHIP IN 2019

MEMBERSHIP RUNS THE CALENDAR YEAR ((January 1-December 31)

PAGE 1 OF 2

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

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 (2019) \$ 60.00
- Regular Member** - Two years (2019 & 2020) \$105.00
- Regular Member** - Three years (2019-2021) \$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 (AMS Tax Identification EIN 94-6127176)

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

Please provide your address and contact details on page 2



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PAGE 2 OF 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

For official use only

Date r'cd

Paid to

Comments

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.