



# 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 2018 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 (2018) \$ 60.00
- Regular Member** - Two years (2018 & 2019) \$105.00
- Regular Member** - Three years (2018-2020) \$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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**APPLICATION FOR NEW MEMBERSHIP IN 2018 CALENDAR YEAR**  
**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)**

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**NAME (FIRST/INITIAL/LAST)**

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**ADDRESS<sup>1</sup>**

**Department**

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**Hall or box #**

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**Institution**

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**Mailing address**

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**City**

---

**State or Province**

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**Postal/ZIP code**

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**Country**

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**Office phone**

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**Home phone**

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**Cell phone**

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**Fax**

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**E-mail<sup>2</sup>**

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**Interests<sup>3</sup>**

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***For official use only***

Date r'cd

Paid to

Comments

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

<sup>2</sup> Please give a work or institutional e-mail address where possible

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