CONCHOLOGISTS



OF AMERICA, INC.

Dues are based on a calendar year. Please print the following information as you wish it to appear in the biennial membership roster. *Fields are required, if applicable.

COA Membership Application						
N	EW	RENE	WAL	CHANGE		
*Name:				_		
*Street Address:						
*City:			*State	: <u> </u>		
*Zip+4:			*Country	/		
Phone (Home/Cell/Worl	<):					
*Email:						
*Annual Dues with Postage Options: (Check One)						
USA Std. Mail = \$25	.00	USA	1st Class Mai	I =\$30.00		
Canada & Mexico=\$30	nada & Mexico=\$30.00 All Other Countries=\$40.00					
DO NOT COMPLETE						
PayPal:	CI	neck #:		Dated:		
*PAYMENT OPTIONS: CHECK			PAYPAL www.paypal.com billing@conchologistsofamerica.org			
	Individual		Family/Household			
Type of Membershi	p: Club		Library	Mu	useum	
	Juni	or Exhibitor	Student V	Vinner		
Shell Club Affiliation/Sponsor:						
Special Instructions (don't publish email, gift for an occasion [specify], etc.)						
1. Mail check (payable to Conchologists of America) drawn on US bank and completed COA membership application to:						
Linda Powers						
COA Membership Direction 2700 N. Beach Road						

Englewood, FL 34223 USA 2. When paying via PayPal please email

2. When paying via PayPal please email or mail completed membership application to Linda Powers at **linda.powers1@gmail.com**. Add Linda's email to your contact list for COA communications.