



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

COA Membership Application		
NEW <input type="checkbox"/>	<input type="checkbox"/> RENEWAL	CHANGE <input type="checkbox"/>
*Name: _____		
*Street Address: _____		
*City: _____	*State: _____	
*Zip+4: _____	*Country: _____	
Phone (Home/Cell/Work): _____		
*Email: _____		
*Annual Dues with Postage Options: (Check One)		
USA Std. Mail = \$25.00 <input type="checkbox"/>	<input type="checkbox"/> USA 1st Class Mail =\$30.00	
Canada & Mexico=\$30.00 <input type="checkbox"/>	<input type="checkbox"/> All Other Countries=\$40.00	
DO NOT COMPLETE		
Dated: _____	Check #: _____	PayPal: _____

***PAYMENT OPTIONS:** CHECK

PAYPAL www.paypal.com
 Payable to: **coashells@gmail.com**

Individual

Family/Household (same cost as individual)

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 Director
 2700 N. Beach Road Unit D106
 Englewood, FL 34223
 USA

Email: linda.powers1@gmail.com

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