CONCHOLOGISTS OF AMERICA, INC.

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 ☐ ☐ RENEWAL CHANGE ☐

*Name: _____

*Street Address: _____

*City: _____ *State: _____

*Zip+4: _____ *Country _____

Phone: _____

*Email: _____

*Dues with Postage Options: (Check One)

USA Std. Mail = $25.00 ☐ ☐ USA 1st Class Mail =$30.00

Canada & Mexico=$30.00 ☐ ☐ All Other Countries=$40.00

☐ LIFETIME MEMBERSHIP=$500.00

Additional donation to COA Operating Fund: ☐ $100 ☐ $250 ☐ $500

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
P.O. Box 201
Englewood, FL 34295-0201

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