



Western Society of Malacologists*

- New Member/*Nuevos miembros*
- Renewing Member/*Renovación de membresía*
- Address change/*Cambio de domicilio*

Name/*Nombre*: _____
First/*Primer* Last/*Apellidos*

Address/*Dirección*: _____

City /*Ciudad* State/*Estado* Postal Code/*Código Postal* Country/*País*

Qualifying institution if student/*Institución Educativa, si es estudiante*: _____

Email/*Correo Electrónico*

- Mark here if you wish to receive a printed copy of the Annual Report (US address only)
Please note there is a \$20 USD additional fee per annum payable with membership.

Regular Membership/*Membresía Regular* (\$20 USD) \$ _____

Student Membership/*Membresía Estudiantil* (\$8 USD) \$ _____

Printed copy of the Annual Report (\$20 USD) \$ _____

Tax deductible donation to student grant fund/
Donación para el fondo de estudiantes: \$ _____

Total amount enclosed/*Total adjunto* \$

*Institutional members should contact Treasurer, directly, at the address below.

For US members make check or money order payable in US funds to WSM and send it with this form to: *Haga su cheque o giro postal en dólares de E.U. a nombre de WSM y enviar con este formulario a:*

Kelvin Barwick
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Huntington Beach, CA 92649 USA
Rictaxis@gmail.com

Thank you for your support. *Gracias por su apoyo.*