SCAMIT Membership Form

☐ New Member
☐ Renewal
☐ Address Change

Name: _____
First Last

Institution: _____

Mailing Address: _____
Street Apt/Suite No.

_____
City State/Province Postal Code Country

Daytime Phone #: ( ) _____ — _____

Email Address: _____

Taxonomic Speciality: _____

_____

Membership Type:
☐ Individual electronic, $15.00 per year
☐ Individual hard-copy, $30.00 per year
☐ Institutional/Library, $60.00 per year

All annual subscriptions are due in May. Make check or money order payable to **SCAMIT** and mail to:

Erin Oderlin, SCAMIT Treasurer
C/O SCAMIT
PO BOX 50162
Long Beach, CA
90815
USA

Thank you for your support.