



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, \$42.00 per year
 Institutional/Library, \$67.00 per year (6 emails/membership)

If Institutional, please include names & emails of 5 other members below:

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.