



# 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
  - Individual hard-copy, \$37.00 per year
  - Institutional/Library, \$67.00 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.**