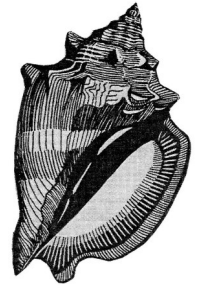


# SUNCOAST CONCHOLOGISTS



## Membership Application

	<b>Annual Dues:</b>	<b>Life Membership</b>
_____ Individual:	\$20.00 with emailed newsletter)	Individual \$150.00
_____ Individual:	\$30.00 with printed newsletter)	
_____ Family	\$25.00 with emailed newsletter)	Family \$200.00
_____ Family	\$35.00 with printed newsletter)	

The membership year begins September 1st. Please make checks payable to:  
SUNCOAST CONCHOLOGISTS, P. O. Box 1564, Palm Harbor, FL 34682-1564  
Return this application with your check to the Membership Chairman at our next meeting or mail to the above address

Meetings are held at 7:00 PM at Grace Lutheran Church, 1812 N. Highland Ave., Clearwater the 1st Tuesday of each month, except June, July, August and December

ALL members, including Lifetime and Honorary, are requested to complete the following information for our Annual Membership Directory:

If you would like more information, e-mail: [suncoastseashells@gmail.com](mailto:suncoastseashells@gmail.com)

Date: \_\_\_\_\_

Name(s)\* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Please list all Family members to be included in membership. \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Birthdate (month & day) \_\_\_\_\_

If you have an alternate address for part of the year, indicate mailing address and dates below:

Address \_\_\_\_\_ Dates From/To: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Return this application with your check to the Membership Chairman at our next meeting or mail to the above address.