



MEMBERSHIP APPLICATION

PLEASE PRINT

Date: _____

Full Name _____

Spouse _____ Phone (res) _____

Address (Mex) _____ Phone (office) _____

City/State/CP _____ Phone (cell) _____

Address (Other) _____ Phone (other) _____

City/State _____

Country/Zip _____

Email _____

Website _____

Membership: (Please check one)

Family 1 yr. (\$800p) ___

Single 1 yr. (\$400p) ___ 6 Mo. (\$200p) ___ 3 Mo. (\$120p) ___

Outside Mexico Family (US\$80) ___ Single (US\$40) ___

Country of Origin Please check one Mexico ___ USA ___ Canada ___ UK ___

Other: _____

Are you interested in volunteering for AmSoc activities? Yes ___

Applicable skills _____

FOR OFFICE USE ONLY

Receipt # _____

Application Date _____ New ___ Renewal ___ Renewal Date _____

Comments: _____