Houston Conchology Society

2024-25 Membership Application Form www.houstonshellclub.com

Name:	Birthdate:			
Address:				
City:		State:	Zip:	
Phone:		E-mail:		
	$\mathbf{A}\mathbf{N}$	NUAL MEMBE	ERSHIP DUES	
Circle type membership:	Family Membership \$20.00			
	Single Adult Member \$15.00			
	Junior Member (under 18) \$6.00			
	Paper copy of Newsletter option – Add \$5.00			
Membership and subscrip Make checks payable to H				
Mail completed form and check to:		HOUSTON CONCHOLOGY SOCIETY 11407 Blackhawk Blvd. Houston, TX 77089		
Add <u>NAME</u>	litional name	es and birthdate	es for family memberships: BIRTHDATE	
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3.				