



## Membership Application

15000 Commerce Parkway, Suite C, Mount Laurel, NJ 08054  
Ph: 856-439-9222 Fax: 856-439-0525 Email: amca@mosquito.org  
July 1, 2009 to June 30, 2010

### Contact Data – PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

- Regular Membership: \$120**  
Receives 4 issues of the Journal, 4 issues of WingBeats, and 4 issues of the AMCA Newsletter. This category also includes the right to vote on Association matters.
- Associate Membership: \$50**  
Receives 4 issues of WingBeats and 4 issues of the AMCA Newsletter.
- Student Membership: \$30**  
Receives 4 issues of the Journal, 4 issues of WingBeats, and 4 issues of the AMCA Newsletter. Students must enclose a letter from their advisor on University letterhead as proof of student status.
- Subscription Only: \$125**  
Receives 4 issues of the Journal.
- Sustaining Member:** Includes 1 Regular Membership or 2 Associate Memberships

**Corporations: \$1,500**

**Government Agencies:**

USE FORMULA OR SCALE TO CALCULATE DUES

Budgets over \$1,000,000 use this formula:

Annual Budget divided by 1,000,000 = y then y x 500 = amount due

Example: \$2,000,000/1,000,000 = 2 then 2x500=\$1000

**OR**

Budget of:

\$1,000,000 or less → \$500 minimum Annual Dues

\$1,000,001 - \$3,000,000 → \$1,000 minimum Annual Dues

\$3,000,001 - \$5,000,000 → \$2,000 minimum Annual Dues

\$5,000,001 and over → \$4,000 minimum Annual Dues

#### AIRMAIL FEES

Canada or Mexico  
**\$30.00**

South America, Central  
American, Europe,  
Caribbean Islands, or North  
Africa  
**\$40.00**

USSR, Asia, Australia,  
New Zealand, Pacific  
Ocean Islands, Africa (other  
than Northern), Indian  
Ocean Islands or the Middle  
East  
**\$50.00**

**Subtotal:** \_\_\_\_\_

**Foreign Airmail Fee:** \_\_\_\_\_

**Total Due:** \_\_\_\_\_

### Payment Information:

PLEASE CHARGE MY:  American Express  Visa  Mastercard

Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Please make checks payable to AMCA. Payment should be in US Dollars.**