

Southwestern Center for Herpetological Research

Membership Application or Renewal Form

Regular: \$20

Student (under 18, or 18+ with School ID): \$10

Family (spouse/partner and children under 18): \$40

Life: \$250

NOTE: This form is to be used if paying by CHECK/CREDIT CARD only. If paying via PayPal, please complete the online application form.
Dues are not prorated and your membership will expire December 31st.

***** Please Type or Print Clearly *****

Check One: New Member _____ Renewal _____

Name (list all if Family Membership): _____

Mailing Address: _____

City, State, ZIP, Country (if outside USA): _____

Telephone: _____ Email Address: _____

My signature below affirms upon acceptance of my membership, I hereby release the Southwestern Center for Herpetological Research, its officers, and members from any and all responsibility or loss occurring at any SWCHR sponsored activities or events. I will also adhere to the SWCHR Code of Ethics as listed on the SWCHR web site and in the quarterly *Bulletin*.

Signature (required): _____ Date: _____

Parent's Signature (if under 18): _____ Date: _____

Make your check payable to "Southwestern Center for Herpetological Research" or "SWCHR." Mail your check, this completed and signed form, and **copy of student ID** (if Student Membership) to this address:

Southwestern Center for Herpetological Research
PO Box 131262
Spring TX 77393