

Brazilian Ornithological Society - SBO
Founded in 1984
Promoting the study and the conservation of the Brazilian birds.

PLEASE PRINT ALL THE INFORMATION IN THE FIELDS

New Member **Membership Renewal** **Personal Information Updating**

Name: _____

Birth Date: ____/____/____

Sex: () Male () Female

Student

Professional _____

Mail Address:

Street - Number: _____

Other applicable complement: _____

P.O. Box: _____

City - Zip Code - State/Province: _____

Country: _____ Telephone: _____

e-mail _____

Web Site: _____

Associated to any organization or company?

No Yes. Position: _____

Organization / company: _____

Department: _____

Street - Number: _____

Other applicable complement: _____

P.O. Box: _____

City - Zip Code - State/Province: _____

Country: _____ Telephone: _____

e-mail _____

Web Site: _____

Membership fee - annual (mark one):

Members residing in Brazil:

- Student (1) - R\$ 30,00
 Professional - R\$ 75,00
 Organization/Company - R\$ 100,00
 Benefactor (2) - R\$ 7.000,00

Members residing abroad:

- Professional - US\$ 50.00
 Organization/Company - US\$ 100.00

(1) – High school or college, with proof of registration or student id.

(2) – One time contribution.

Payment Options:

1 - Deposit - bank account - Brazilian Ornithological Society (for members residing in Brazil only):

Banco do Brasil, Branch # 0180-5, Account # 38.083-0. Deposit receipt **must** be sent along with this form.

Amount deposited R\$ _____ (_____),
corresponding to the payment of the membership fee for the year(s): _____ .

2 - Check (for members residing in Brazil only): write the check to "Sociedade Brasileira de Ornitologia"

Check #: _____, bank: _____, branch #: _____

Amount R\$ _____ (_____),
corresponding to the payment of the membership fee for the year(s): _____ .

3 - Credit Card (Visa only):

I hereby authorize the Brazilian Ornithological Society to charge my **VISA** Credit Card:

Number: _____ Expiration: ____/____.

Amount: _____

Corresponding to the payment of the membership fee for the year(s): _____ .

Name on the card: _____.

Place and date: _____ Signature: _____

Important: due to operational limitations, credit card payment is the only option available to persons residing outside Brazil.

This form (and deposit receipt or check, when payment options #1 or #2 are chosen) should be sent to:

**Sociedade Brasileira de Ornitologia
Treasurer Iury Accordi
Av. Melvin Jones, 450
96820-270 - Santa Cruz do Sul - RS
BRAZIL**