



# FULL & ASSOCIATE MEMBERSHIP APPLICATION

Complete pages 1-3 of the application and be sure to keep a copy for your files. Incomplete applications will not be processed. **NOTE: This form works best when opened with Adobe Acrobat or Adobe Reader.**

1.  **YES!** I'd like to become a member of the American Astronomical Society so I can begin receiving AAS benefits!

2. **Membership Class** Determine your membership class. **DUES: \$181.00**

- New application for full membership
- New application for associate membership
- Promotion to full from associate or junior
- Promotion to full from international affiliate
- Promotion to associate from international affiliate
- Promotion to associate from junior
- Reinstatement of membership (include an additional \$10 reinstatement fee with payment). If reinstating, please **SKIP** section 4.

Last year of active membership: \_\_\_\_\_ ID: \_\_\_\_\_

Office Use ONLY

### 3. Name and Address Information

\_\_\_\_\_  
Name Institution URL

**a. Directory Address** Enter your WORK address here. It will be listed in the Directory unless you opt out in section 10.  Mail  Bill  Ship

\_\_\_\_\_  
Street Address Line 1 Street Address Line 2

\_\_\_\_\_  
City State/Province Zip/Postal Code Country

\_\_\_\_\_  
Phone Number Fax Number Email

**b. Preferred Address** Enter your HOME address here. This is used to determine your congressional district if in the US.  Mail  Bill  Ship

\_\_\_\_\_  
Street Address Line 1 Street Address Line 2

\_\_\_\_\_  
City State/Province Zip/Postal Code Country

\_\_\_\_\_  
Phone Number Fax Number Email

**c. Subscription Address** Enter ONLY if you plan on being out of town/country for an extended time and wish to have your mail sent somewhere other than your preferred mailing address.  Mail  Bill  Ship

\_\_\_\_\_  
Street Address Line 1 Street Address Line 2

\_\_\_\_\_  
City State/Province Zip/Postal Code Country

\_\_\_\_\_  
Phone Number Fax Number Email

### 4. Nominating Signatures

The person named above is hereby nominated for the indicated membership or promotion as indicated above in the American Astronomical Society (AAS), in accordance with the bylaws. **Applicant** must obtain signatures from two **active full members** of the AAS for all promotions and new applications. Signatures not required for reinstatements.

1. Print Name AAS ID# Signature Date

2. Print Name AAS ID# Signature Date

The Membership Committee may admit or promote an applicant to a class of membership other than the one requested. Full, associate, and junior members vote in elections and receive reduced journal subscription rates.

Please continue completing page 2. Incomplete applications will not be processed.

**5. Other Information**

Highest Degree Earned \_\_\_\_\_ Institution from which Highest Degree Earned \_\_\_\_\_ Date Received \_\_\_\_\_ Country in which Highest Degree Earned \_\_\_\_\_

\*For statistical information ONLY. You are not required to provide this information. \*Gender  F  M \*Date of Birth \_\_\_\_\_

\*Racial/Ethnic Group (for US Citizens only) \_\_\_\_\_ Explain \_\_\_\_\_

**6. Areas of Primary Interest**

- 1) Solar System/Planetary science
- 2) Heliophysics
- 3) Exoplanets
- 4) Astrobiology
- 5) Star formation & Evolution
- 6) Interstellar Medium
- 7) Galactic Structure & Stellar Populations
- 8) Supernovae, GRBs, High-Energy Phenomena
- 9) Galaxy formation & Evolution
- 10) Active Galactic Nuclei
- 11) Clusters of Galaxies/Large-scale Structure
- 12) Cosmology
- 13) Astronomy Education
- 14) Other? List \_\_\_\_\_

**7. Benefits & Subscriptions**

Please check all of the benefits you would like to receive.\*Electronic subscription ONLY

- AAS Digest\*
- AAS Membership Calendar
- AAS Membership Directory
- AAS Job Register (monthly email)\*
- SPECTRUM, the newsletter of the Committee on the Status of Minorities in Astronomy\*
- STATUS, the newsletter of the Committee on the Status of Women in Astronomy\*
- SPARK, the education newsletter of the Education Office and Astronomy Education Board\*
- Physics Today is available online to all AAS members. If you would like the print version too, please indicate here:  Print

**8. Divisions** Select your Division(s)

- Division on Dynamical Astronomy..... \$20
- Division for Planetary Sciences..... \$25
- Historical Astronomy Division.....\$15
- High Energy Astrophysics..... \$15
- Solar Physics Division..... \$15
- Laboratory Astrophysics Division..... \$20

**9. AAS Journals Subscription**

- \$ 25 **Electronic Package:** *The Astronomical Journal, Astrophysical Journal, Supplement, and Letters.*

**10. Options**  DO NOT include me in the AAS directory

**11. I have READ and UNDERSTAND the FOLLOWING:**

- Application approval can take up to two (2) weeks or longer if you do not submit ALL necessary information. Contact member services if you have questions about requirements, 202-328-2010 x101 or membership@aaas.org.
- Some abstract submittals require membership or a sponsor if you have not submitted in the last ten (10) years. Contact the abstracts administrator if you have questions, 202-328-2010 x117 or kathy.cox@aaas.org.

Please continue completing page 3. Incomplete applications will not be processed.

**12. Selection Total**

Membership Dues:

Divisions:

Journal Subscriptions:

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**TOTAL:**

**13. Payment Information**

Check

Payable to the American Astronomical Society is enclosed. Checks must be in US dollars and drawn on a US bank. Send check payments to: AAS | 1667 K Street NW, Suite 800 | Washington DC 20006

VISA

MasterCard

American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSC: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Amount Authorized:

**SUBMIT your application NOW** ➔

| FOR OFFICE USE           |                     |                          |           |
|--------------------------|---------------------|--------------------------|-----------|
| <input type="checkbox"/> | Accepted & Approved | Date: ____ / ____ / ____ | By: _____ |
| <input type="checkbox"/> | Reinstated          | Date: ____ / ____ / ____ | By: _____ |
| <input type="checkbox"/> | Payment Processed   | Date: ____ / ____ / ____ | By: _____ |
| Amount Paid:             |                     | Authorization Code:      |           |