



JUNIOR MEMBERSHIP APPLICATION

Complete pages 1-3 of the application in full and be sure to keep a copy for your files. **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. **Choose Membership Status** Please check one of the following: **DUES: \$81.00**

- *New application for junior membership (two (2) years for the cost of one year).
 - 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 SCHOOL 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 _____

Signature box 1

Signature box 2

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 Degree Earned _____ Date Received _____ Country in which Highest Degree Earned _____

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

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

Institution Currently Attending _____ Degree & Subject for which Nominee is a Candidate _____ Month & Year Degree Expected _____ Academic Standing _____

Is Attested to By _____ Signature _____ Title _____

6. Areas of Primary Interest

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

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..... \$10 Division for Planetary Sciences..... \$10 Historical Astronomy \$15
- High Energy Astrophysics..... \$10 Laboratory Astrophysics \$10 Solar Physics \$15

9. AAS Journals Subscription

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

10. Options DO NOT include me in the electronic directory DO NOT include me in the printed directory

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

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.

12. Selection Total

Membership Dues:	
Divisions:	
Journal Subscriptions:	
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:	