



Laboratory Astrophysics Division

of the **AMERICAN ASTRONOMICAL SOCIETY**

Affiliate Membership Application



To avoid processing delays, please provide all requested information and nominating signatures.

Mail your completed application and payment to:

AAS
1667 K Street NW, Suite 800
Washington, DC 20006

Or, if paying by credit card, fax your completed application to (202) 588-1351.

NAME:	Last Name _____ First Name _____ MI _____ Title - e.g., Dr., Mr., Ms. _____
SECTION 1:	Society Affiliation I hereby apply for Affiliate membership in the Laboratory Astrophysics Division of the American Astronomical Society. I am an active member of the following * recognized professional Society and, as such, qualify for Affiliate membership. Name of Recognized Professional Society _____ NOTE: If you are not an active member of one of the recognized professional societies, you may nevertheless apply for affiliate LAD membership by requesting the LAD Committee to consider membership in a non-recognized society instead. In this case, enter notation "No Active Affiliation" in lieu of a Society name. Please note, however, such waivers are usually reserved for applicants residing outside North America.
SECTION 2:	Nominations Nominations supporting your application are required from two active LAD Regular members. I am an active regular member of the LAD and nominate the above named individual for membership in the LAD. Last Name _____ First Name _____ MI _____ Institution _____ Email _____ Signed By _____ Date _____ I am an active regular member of the LAD and nominate the above named individual for membership in the LAD. Last Name _____ First Name _____ MI _____ Institution _____ Email _____ Signed By _____ Date _____

Affiliate Membership Application

Last Name

**SECTION 3:
Mailing Address**

Contact Information

Institution _____

Street Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Tel. No. _____ Fax No. _____

Email _____ Website _____

SECTION 4:

Professional Credentials

Highest Degree Earned _____ Date _____

SECTION 5:

Payment Information

Dues for applications processed by the AAS prior to August 31 ----- \$25
(for current membership year only)

Dues for applications processed by the AAS after August 31 ----- \$50
(for current and upcoming membership years)

Junior Affiliate dues ----- \$15

Check enclosed, payable to the American Astronomical Society and drawn on a U.S. bank in U.S. currency

Payment by VISA, MasterCard, or American Express

Card Number _____ Expiration Date _____

Cardholder's Name _____ Authorized Charge Amount _____

Signature of card holder authorizing charge _____

SECTION 6:

Please let us know who if anyone recruited you: _____

Signature

I affirm the information provided is accurate and current. I authorize the American Astronomical Society and the Laboratory Astrophysics Division to process this application and accompanying payment.

Signed By _____ Date _____

Office Use ONLY

Date Received: _____ Date Approved: _____

Date Processed: _____ Approved By: _____