



EDUCATION AFFILIATE MEMBERSHIP APPLICATION

Complete pages 1-2 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 an affiliate member of the American Astronomical Society so I can begin receiving AAS benefits!

2. **Membership Status** Please check one of the following: **DUES: \$94.00**

- *New application for affiliate membership.
- Reinstatement of membership (include an additional \$10 reinstatement fee with payment).

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 4. Mail Bill Ship

Street Address Line 1 Street Address Line 2

City State/Province Zip/Postal Code Country

Phone Number Fax Number Email

b. **Home 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

4. **Options** DO NOT include me in the electronic directory DO NOT include me in the printed directory DO NOT send me a printed directory

5. Education

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

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

6. Describe Education & Outreach Applicable to Astronomy

7. 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 abs-help@aaas.org.
- I have read and agree to abide by the [AAS Ethics Statements](#)
- I have read and agree to abide by the [AAS Anti-Harrassment Policy for AAS & Division Meetings & Activities](#)

8. Selection Total

Membership Dues TOTAL:

9. 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 Ste 800 | Washington DC 20006

VISA MasterCard American Express

Credit Card Number: _____

Expiration Date: _____ CCS: _____

Name on Card: _____

Signature: _____

Amount Authorized:

10. SUBMIT your application NOW

EMAIL to join@aaas.org
FAX to 202-588-1351

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:	