



EMERITUS STATUS CHANGE REQUEST

Complete pages the application in full 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 am retired and no longer gainfully employed. I have been an AAS member for at least ten contiguous years. **DUES: \$94.00**

2. AAS Membership Information

Name _____ AAS ID # _____ Years of AAS Membership _____

3. **Directory Address** This address will be listed in the Directory unless you opt out below Mail Bill Ship

Street Address Line 1 _____ Street Address Line 2 _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone Number _____ Fax Number _____ Email _____

DO NOT include me in the electronic directory DO NOT include me in the printed directory

4. Divisions

 Select your Division(s)

- Division of Dynamical Astronomy.....**FREE**
- Division for Planetary Science.....**FREE**
- Historical Astronomy Division.....**FREE**
- High Energy Astrophysics..... \$10
- Solar Physics Division.....**FREE**
- Laboratory Astrophysics Division.....**FREE**

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

6. 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)*

Physics Today is available online to all AAS Members. If you would like the print version too, please indicate here: Print

7. I have READ and UNDERSTAND the following:

- 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:

Divisions:

Journal Subscriptions:

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: _____ Amount Authorized:

Name on Card: _____

Signature: _____

10. SUBMIT your application

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: _____
Amount Paid:	Date:	Processed By:	Auth. Code: