



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: \$188.00**

- 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 9. 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. 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 at the same membership class.

The nominating signatures can be made directly on the membership form or endorsements can be sent via email. If you prefer the electronic method:

1. Include the name and email address of the endorsers in Section 4 of your application. Enter the email in the signature field.
2. Have the member(s) furnishing the recommendation send their electronic nomination to **endorse@aaas.org**. Endorsers should specify their full name and indicate in the message that they are nominating you (your name must be stated) as an AAS member. The person's email address will be used for signature verification.

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. Education

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

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. Divisions

The AAS has six subject-specific Divisions which hold their own meetings, award their own prizes, and work to promote the interests of their sub-disciplines. If you would like to join one or more Divisions, please indicate below.

- 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

8. AAS Journals Subscription

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

9. Options

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

10. 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 Statement](#).
- I have read and agree to abide by the [AAS Anti-Harassment Policy for AAS & Division Meetings & Activities](#).

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

11. Selection Total

Membership Dues:

Divisions:

Journal Subscriptions:

TOTAL:

12. 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:

13. SUBMIT your application

EMAIL to join@aas.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:	