



INTERNATIONAL AFFILIATE 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 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 international affiliate membership
- Reinstatement of membership (include an additional \$10 reinstatement fee with payment). If reinstating, please **SKIP** section 6

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. Mail Bill Ship

Street Address Line 1 Street Address Line 2

City State/Province Zip/Postal Code Country

Phone Number Fax Number Email

4. Privacy Opt Out The American Astronomical Society is sensitive to the varying levels of concern around the world regarding distribution of private information. The AAS Member Directory is made available only to society members and institutions closely related to astronomy. By checking the following box, your name and contact information will not appear in the Member Directory, either in print or online.

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

5. Education

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

INTERNATIONAL AFFILIATE MEMBERSHIP APPLICATION _____

Name

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

10. Selection Total

Membership Dues:

Divisions:

Journal Subscriptions:

TOTAL:

11. 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: _____ CSC _____

Name on Card: _____

Signature: _____

Amount Authorized:

12. SUBMIT your application NOW

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

FOR OFFICE USE

Accepted & Approved Date: ____/____/____ By: _____

Reinstated Date: ____/____/____ By: _____

Payment Processed Date: ____/____/____ By: _____

Amount Paid:

Authorization Code: