



JUNIOR MEMBERSHIP APPLICATION

Complete pages 1-3 of the application in full and be sure to keep a copy for your files. **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. **Choose Membership Status** Please check one of the following: **DUES: \$84.00**

- *New application for junior membership (two (2) years for the cost of one year).
- Reinstatement of junior 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 SCHOOL 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.

Name _____

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

5. Education

Highest Degree Earned _____	Institution from which Degree Earned _____	Date Received _____	Country in which Highest Degree Earned _____
Institution Currently Attending _____	Degree & Subject for which Nominee is a Candidate _____	Month & Year Degree Expected _____	

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..... \$10 Division for Planetary Sciences..... \$10 Historical Astronomy \$15
- High Energy Astrophysics..... \$10 Laboratory Astrophysics \$10 Solar Physics \$15

8. AAS Journals Subscription

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

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@aas.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@aas.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](#)

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_____ Name

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

11. Selection Total

Membership Dues:

Reinstatement Fee:

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:	