

Section 3: Education

Complete only if applying for Member, Member w/Student Privileges, or Associate Member. For each school indicate field of study (i.e. meteorology) and type of degree attained (i.e. PhD). If no degree has been attained, please indicate total number of credits earned. If applying for Member w/Student Privileges, you must list two schools in this section.

College/University	Specific year(s) of attendance	Field of Study	Degree attained OR number of credits earned

Section 4: Certification of Student Status

Complete only if applying for Member w/Student Privileges, Student Member, or Precollege Student

To be eligible for student privileges, you must be enrolled as an elementary, middle, or high school student, or attend a college or university on at least a half-time basis. Please insert the specific dates of your registration (beginning date and expected completion date), include the name of the school at which you are enrolled, and sign your name where indicated.

I certify that I am enrolled as a graduate or undergraduate on at least a half-time basis or as a precollege student. My specific dates of current registration are ____/____/____ through ____/____/____.

School Name: _____

Signature: _____ Date: _____

Section 5: Certification of K-12 Teacher Status

Complete only if applying for K-12 Teacher

To be eligible for K-12 Teacher Status, you must be employed as an elementary, middle, or high school teacher on a full-time basis. Please insert the name, location, and phone number of your school and sign where indicated.

I certify that I am employed **full-time** as a precollege teacher at _____ (name of school).

School Address: _____ (include Street, City, State, Zip)

School's Phone Number: _____

Signature: _____

Section 6: Payment Information

Your completed application must be accompanied by a check or money order made payable to the 'AMS' in U.S. dollars. Visa, MasterCard and American Express are also accepted. Please double-check your credit card number as incorrect information will delay the processing of your application.

Check or money order enclosed for \$ _____ American Express VISA MasterCard

Credit Card account number _____ Expiration Date _____

Signature _____

Section 7: Signature

My signature attests that, to the best of my knowledge, I meet the academic and professional requirements (if applicable) for the membership grade I have requested and that the information I have furnished above is complete and accurate. I agree to support the objectives of the Society and to abide by Article XII, *Guidelines for Professional Conduct*, of the Constitution of the AMS.

Date ____/____/____ Signature _____

OFFICE USE ONLY		
ACCT #	FULL YR/HALF YR	
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COMMENTS		

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AMS membership runs on a calendar year basis (January-December) or on a half-year calendar basis (July-December) and includes a subscription to the *Bulletin of the AMS*, published monthly.

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