

Application for Corporation and Institutional Membership

American Meteorological Society

45 Beacon Street
Boston, Massachusetts 02108-3693
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www.ametsoc.org

Serving the Atmospheric and Related Oceanic and Hydrologic Sciences Since 1919

Corporation and Institutional Membership is open to those corporations, institutions, laboratories, and other organizations that recognize the importance of the atmospheric sciences and related disciplines in their activities.

Please complete both sides of this application

1. _____
Name of organization in full

2. _____
Department or division applying for membership

3. _____
Mailing address for Society publications and correspondence

City State Zip code

Province Country Postal code

4. _____
Main office address

5. _____
Name of official representative or contact Email address

6. () ()
Contact's telephone number Extension Contact's fax number

7. _____
URL address of organization's Web site

8. Does your organization have a library presently subscribing to AMS journals? Yes No

9. Is your organization a University, College, or other educational institution? Yes No
If yes, please list degrees offered: _____

10. What is the nature of your organization's interest in the atmospheric and related oceanic and hydrologic sciences?

11. Please indicate the level of CIM membership for which your organization is applying:

- _____ Sustaining Corporation and Institutional Member
- _____ Regular Corporation and Institutional Member
- _____ Publications Corporation and Institutional Member
- _____ Small Business Corporation and Institutional Member *

*** IMPORTANT NOTE: To be eligible to apply for a Small Business membership, your organization must employ at most five or fewer full-time employees (or the equivalent if you have part-time employees). If applying for this level of membership, please complete the following certification:**

I certify that our organization employs a maximum of five full-time employees or their equivalent.	
Name (printed): _____	Title: _____
Signature: _____	Date: _____

12. Why do you want your organization to become a Corporation and Institutional Member of the AMS? Please check all that apply:

- _____ to support AMS activities
- _____ to participate in meetings for Corporate Members
- _____ to obtain subscription and publication discounts
- _____ to obtain advertising discounts
- _____ to obtain exhibiting discounts and preferences
- _____ other (please explain) _____

13. Does your organization employ atmospheric, oceanographic or hydrologic scientists? Yes No

If yes, how many? _____

Does your organization employ any AMS members? Yes No

If yes, please indicate the first and last names of up to five employees

14. _____

Date
Signature
Title

Please return both pages of this application and your remittance to:
Dr. R. Gary Rasmussen
Director of Enterprise Activity Support
American Meteorological Society
45 Beacon St.
Boston MA 02108-3693

**CORPORATION & INSTITUTIONAL MEMBER (CIM)
2010 DUES & SUBSCRIPTIONS**

A. 2010 Dues - includes *Bulletin of the AMS*, Vol. 91 (Monthly)

Select One Dues Option

		Enter Amount
___ Sustaining Corporation & Institutional Membership	\$6340.00	\$ _____
___ Regular Corporation & Institutional Membership	1090.00*	\$ _____
___ Publication Corporation & Institutional Membership	650.00	\$ _____
___ Small Business Corporation & Institutional Membership (see Item E for certification)	385.00*	\$ _____

TOTAL 2010 DUES \$ _____ **(Line 1)**

** Regular and Small Business CIMs employing AMS Members may deduct up to \$172 (\$86 per employee) from their 2010 member dues. Eligible employees must have been active full Members of the Society in 2009. The names of eligible employees must be indicated in the space provided.*

Number of eligible employees _____ (maximum of two) x \$86 \$ _____ **(Line 2)**

Name of employee 1: _____ Name of employee 2: _____

ADJUSTED 2010 DUES (Subtract Line 2 from Line 1) \$ _____ **(Line 3)**

B. 2010 Subscriptions

Enter total from Subscription Schedule. Include schedule with this form and remittance. \$ _____ **(Line 4)**

C. Total Amount Due

Add lines 3 and 4 \$ _____

D. Payment

Payment must be made by a check drawn on a U.S. bank or by an international money order payable in U.S. dollars. Visa, MasterCard and American Express are also accepted. This statement must be returned with your payment. Your cancelled check will serve as your receipt.

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

Credit Card account number _____ Expiration Date _____

Name on Card _____ Signature _____

E. Certification for Small Business CIM

I certify that my organization employs five (5) or fewer full-time employees (including the owners), or their equivalent (independent contractors or part-time employees).

Signature: _____ Title: _____ Date: _____

F. Contact Information for CIM Account

Contact Name _____ Email: _____ Phone Number: _____

PLEASE RETURN THIS FORM WITH YOUR PAYMENT OF DUES AND SUBSCRIPTIONS

