

STUDENT MEMBERSHIP APPLICATION



American Meteorological Society

45 Beacon Street, Boston, Massachusetts 02108-3693

Tel: (617) 227-2425 • Fax: (617) 742-8718 • WWW site at <http://www.ametsoc.org>

To apply for membership:

- Send completed application along with check/money order or credit card information to above noted address
- Incomplete or unsigned applications will be returned.

Check the grade of membership for which you are applying. Please note that applicants for Member, Associate Member (including K-12 Teacher), and Member with Student Privileges should not use this form. Please contact us for the appropriate application.

Student Member: A graduate or undergraduate student enrolled at least half-time at an accredited institution of higher learning.

Associate Member - Precollege Student: A student enrolled in elementary, middle, or high school.

Section 1: General Information

Name _____
Last (family name) First Middle

Current address:

Street Address _____

City State/Province Postal Code Country

Phone Fax

Email address _____

Permanent address (if different):

Street Address _____

City State/Province Postal Code Country

Phone Fax

Email address _____

Check preferred mailing address for publication(s):

CURRENT

PERMANENT

Check preferred address for online membership directory listing:

CURRENT

PERMANENT

NO LISTING

Have you previously been a member of the AMS? YES NO

If yes, which years? _____

Are you applying for a change in membership status? YES NO

If yes, what is your present member grade? _____

Are you a member of a local Chapter? YES NO

If yes, what chapter? _____

Male

Female

Demographic Information: _____

Date of Birth

Citizenship*

Race*

Section 2: Education

Name of School

Specific dates of attendance

Major

Minor

Type of degree

Month/Year Conferred or Expected

* optional - for use in compiling statistics only

Section 3: Certification of Student Status

To be eligible for student membership, 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) and sign where indicated.

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

By signing this statement, I acknowledge that verification of the information provided here may be requested at a later date with continuing student membership contingent on its receipt.

(Signature)

(Date)

Section 4: Dues Information

Please refer to the enclosed insert for dues and subscription rates.

Section 5: Payment Information

Your completed application must be accompanied by a check or money order made payable 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 order.

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

Credit Card account number _____ Expiration Date _____

Signature _____

Section 6: Signature

The information I have furnished above is, to the best of my knowledge, 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
PNDG AS	\$ REC'D
STAT CHG REIN	JRNLS
REFUND	\$ NEEDED
COMMENTS	

