



MEMBERSHIP FORM

Name: _____

Hometown: _____

Phone Number: (_____) _____ - _____

Student? ___ Yes ___ No; Year in School: _____

Job Title and Company (Professionals): _____

Local Address: _____

Email: _____

Member of the National AMS: ___ Yes ___ No

Would you like to attend the National AMS Conference in Phoenix, AZ?
(Jan. 11-15, 2009) ___ Yes ___ No

Weather Areas of Interest: _____

This Section For Official Use Only

DATE: ___ / ___ / ___ **AMOUNT:** _____ **PAYMENT TYPE:** _____ **CHECK #:** _____