

# 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	

