

APPLICATION FOR MEMBERSHIP



American Meteorological Society

45 Beacon Street
Boston, Massachusetts 02108-3693

Tel: (617) 227-2425 * Fax (617) 742-8718 * www.ametsoc.org

To apply for membership, return completed application with payment by mail or by fax. Incomplete or unsigned applications will be returned.

Section 1: AMS Membership Classifications

Member: The AMS intends a broad and inclusive interpretation of the following membership criteria and welcomes professionals throughout the weather and climate enterprise. Applicants for the grade of **Member** must either:

- hold a baccalaureate or higher degree from an accredited institution of higher learning in the atmospheric or related sciences **OR**
- hold a baccalaureate or higher degree from an accredited institution of higher learning in some other science or a related field and be currently engaged in a professional activity in which his or her knowledge is applied to the advancement or application of the atmospheric or related sciences **OR**
- have completed at least 20 semester hours of college level coursework in the atmospheric or related sciences and have at least three years of professional experience in the last five years.

Applicants who qualify for the grade of **Member**, but are enrolled at least half-time at a college or university are eligible to apply for **Member with Student Privileges**.

Associate Member: Applicants for the grade of **Associate Member** are typically those persons who are interested in the atmospheric sciences and the advancement, objectives, and goals of the Society. No formal educational or professional qualifications are required. **Associate Members/Precollege Students** are individuals who are enrolled as elementary, middle, or high school students. **Associate Members/K-12 Teachers** are individuals who are employed full-time as teachers at an elementary, middle, or high school.

Student Member: **Student Members** are graduate or undergraduate students enrolled at least half-time at an accredited institution of higher learning.

Please refer to the attached dues schedule for current year dues and subscription rates. This dues schedule must be returned with your completed application and payment.

Check the class of membership for which you are applying (see above):

- Member Member with Student Privileges
 Associate Member Associate Member/K-12 Teacher Associate Member/Precollege Student
 Student Member

Section 2: General Information

Name _____
Last (family name) First Middle Initial Rank or title

Home Address:

Street Address _____

City State/Province Zip/Postal Code Country

Phone _____ Fax _____

Email address _____

Affiliation (or school) address, if different:

Company/school name Job Title _____
Street Address _____

City State/Prov Zip/Postal Code Country

Phone _____ Fax _____

Check preferred mailing address for publication(s): HOME AFFILIATION/SCHOOL
Check preferred address for online membership directory listing: HOME AFFILIATION/SCHOOL NO LISTING

Have you previously been a member of the AMS? YES NO If yes, which years? _____
Are you member of a local Chapter? YES NO If yes, what chapter? _____

Date of birth ____/____/____ Citizenship* _____ Race/Ethnicity* _____ Male Female

* Optional - data used for statistical purposes only.

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	
PNDG AS	\$ REC'D	
STAT CHG	REIN	JRNLS
REFUND	\$ NEEDED	
COMMENTS		

