



# AAAR Membership Renewal Application

Please use this form if you do not wish to pay online with a credit card, or if you are paying for the print subscription to the journal only.

Annual dues for membership are included in the registration fees for the Annual Conference, typically held in the fall of each year. For persons who do not attend the Annual Conference, membership dues shall be paid by December 31. Full members will receive a one-year online subscription to AS&T. Those adding a print subscription will receive 12 issues delivered four (4) times per year.

PLEASE PRINT OR TYPE (fields will expand as you type – Word Form only)

First Name/Given Name:

Last Name/Surname:

Company or Organization:

Department:

Address 1:

Address2:

City:

State/Province:

Zip/Postal Code:

Country:

Phone:

E-Mail:

**Member Classification and Dues - Listed dues are for membership beginning January 1. FULL MEMBERS. To receive the print subscription of the journal, check and pay for membership and subscription. ALL MEMBERS. If you have paid your membership online and would like to add a print subscription to the journal, check and pay for the subscription only.**

Full Member (online subscription only) (\$99)

Journal Print Subscription (add for print subscription – to be sent 3 issues at a time 4x per year)

(\$40)

Student Member (\$38)

Student Subscriber (\$119)

(Includes subscription to AS&T Journal)

Retired Member (\$38)

Retired Subscriber (\$119)

(Includes subscription to AS&T Journal)

Organizational Member (\$2,034)

Student applications must be accompanied by an official letter from the university indicating full-time enrollment.

**(Post Docs are not considered students)**

(Requires permission from the Executive Committee)

Includes two full memberships. Please fill out a separate application for the second full membership and attach to this form. Is the name listed on this application the Organizational Representative? (choose one) Yes  No

**TOTAL AMOUNT \$**

**All payments must be made in U.S. Funds drawn on a U.S. Bank.**

If paying by credit card:

American Express

Visa

MasterCard

Card Number:

Expiration Date:

Cardholder's Name:

Cardholder's Signature: \_\_\_\_\_

*Please send completed form with check to:*

AAAR

12100 Sunset Hills Road, Suite 130

Reston, VA 20190

Phone: 703.437.4377

*Or fax with credit card information:*

Fax: 703.435.4390