



Division for Planetary Sciences
of the **AMERICAN ASTRONOMICAL SOCIETY**
Affiliate Membership Application



INSTRUCTIONS	To avoid processing delays, please provide all requested information and nominating signatures. Mail your completed application and payment to: AAS 1667 K Street, NW, Suite 800 Washington, DC 20006 Or, if paying by credit card, fax your completed application to (202) 588-1351.
NAME	Last Name _____ First Name _____ MI _____ Title - e.g., Dr., Mr., Ms. _____
SECTION 1:	SOCIETY AFFILIATION I hereby apply for Affiliate membership in the Division for Planetary Sciences of the American Astronomical Society. I am an active member of the following related professional society and, as such, qualify for Affiliate membership. Name of Related Professional Society _____
SECTION 2:	NOMINATIONS Nominations supporting your application are required from two active DPS Regular or DPS Affiliate members. I am an active member of the DPS and nominate the above named individual for membership in the DPS. NOMINATION #1 Last Name _____ First Name _____ MI _____ Institution _____ Email _____ Signature _____ Date _____ I am an active member of the DPS and nominate the above named individual for membership in the DPS. NOMINATION #2 Last Name _____ First Name _____ MI _____ Institution _____ Email _____ Signature _____ Date _____

Affiliate Membership Application

Last Name _____

CONTACT INFORMATION

SECTION 3:

Institution _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Telephone No. _____
Include area code and extension, if appropriate. Include country code if outside United States

Fax No. _____
Include area code. Include country code if outside United States

Email _____

Website _____

PROFESSIONAL CREDENTIALS

SECTION 4:

Highest Degree Earned _____ Date _____

Please provide titles and publication data for one or more papers and/or other relevant information to support your membership. Attach a separate page to your application if additional space is required.

Payment Information

SECTION 5:

Dues for applications processed by the AAS prior to August 31 ----- \$30
 (for current membership year only)

Dues for applications processed by the AAS after August 31 ----- \$60
 (for current and upcoming membership years)

Check enclosed, payable to the American Astronomical Society and drawn on a U.S. bank in U.S. currency

Payment by VISA, MasterCard, or American Express

Card Number _____ Expiration Date _____

Cardholder's Name _____ Authorized Charge Amount _____

Signature of card holder authorizing charge _____

SIGNATURE

SECTION 6:

I affirm the information provided is accurate and current. I authorize the American Astronomical Society and the Division for Planetary Sciences to process this application and accompanying payment.

Applicant Signature

Date

Office Use ONLY

Received: _____ Approved: _____ Processed: _____ Approved By: _____