

High Energy Astrophysics Division

of the AMERICAN ASTRONOMICAL SOCIETY

Affiliate Membership Application



INSTRUCTIONS

To avoid processing delays, please provide all requested information and nominating signatures. Nominations supporting your application are required from one Full or Emeritus head member and one Full, Emeritus or Affiliate HEAD member.

Please print clearly all entries except signatures.

NAME:

Last Name _____ First Name _____ MI _____

Title - e.g., Dr., Mr., Ms. _____

QUALIFYING AFFILIATION

I hereby apply for Affiliate membership in the High Energy Astrophysics Division 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 _____

1st NOMINATION

I am a Full or Emeritus member of HEAD and I nominate the above named for membership in HEAD.

Last Name _____ First Name _____ MI _____

Institution _____ Email _____

Signed By _____ Date _____

2nd NOMINATION

I am a Full, Emeritus or Affiliate member of HEAD and nominate the above named for membership in the HEAD.

Last Name _____ First Name _____ MI _____

Institution _____ Email _____

Signed By _____ Date _____

Affiliate Membership Application

Last Name _____

CONTACT INFORMATION:	CONTACT INFORMATION	
	Institution _____	
	Street Address _____	
	City _____	State/Province _____
	Zip/Postal Code _____	Country _____
	Tel. No. _____	Fax No. _____
	Email _____	Website _____

PAYMENT INFORMATION:	PAYMENT INFORMATION	
	Dues for applications processed by the AAS prior to August 31 ----- \$25 (for current membership year only)	
	Dues for applications processed by the AAS after August 31 ----- \$50 (for current and upcoming membership years)	
	<input type="radio"/> Check attached to application made payable to the American Astronomical Society) drawn on a U.S. bank in U.S. currency <input type="radio"/> Payment by VISA, MasterCard, or American Express	
	Card Number _____	Expiration Date _____
	Cardholder's Name _____	Authorized Charge Amount _____
Signature of card holder authorizing charge _____		

SIGNATURE:	I affirm the information provided is accurate and current. I authorize the American Astronomical Society and the High Energy Astrophysics Division to process this application and accompanying payment.	
	Signed By _____	Date _____

OFFICE USE ONLY	Date Received: _____	Date Approved: _____
	Date Processed: _____	Approved By: _____

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.