



*Please type or print.*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Academic degree(s): \_\_\_\_\_

Gender (*please circle one*): M    F      Date of Birth: \_\_\_\_\_

**Mailing Address:** (*please provide your institutional and home address information*)

Preferred Mailing Address (*please circle one*):      Institution      Home

Institutional address: \_\_\_\_\_

Institution/Company: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Home address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check the category for which you are applying. Annual dues are shown for each category.

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- \$75      Student Member  
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