



ASSOCIATION  
FOR WOMEN IN  
MATHEMATICS

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Tax ID# 23-735-4959  
AWM is a 501(C) 3 organization

## INSTITUTIONAL MEMBERSHIP APPLICATION FORM

### DIRECTORY AND MAILING INFORMATION

Institution Name: _____	Department Name: _____
Address 1: _____	Department Phone: _____
Address 2: _____	Department Fax: _____
City: _____ State: _____ Zipcode: _____	Department Website: _____
Country: _____	Federal ID Number: _____
<b>INSTITUTION (Chair) CONTACT:</b>	
Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.	
First Name: _____	Middle Name: _____ Last Name: _____ Suffix: _____
Job Title: _____	Phone: _____ Email: _____

Do **not** publish my information in the **AWM Online Directory**.  Do **not** release my information in the **AMS Combined List**.

### MEMBERSHIP CATEGORIES AND ANNUAL DUES (check one) *AWM Membership year is October 1<sup>st</sup> thru September 30<sup>th</sup>.*

- Category 1 (10 student memberships, 1 free ad, 25% discount\*).....\$300 \$ \_\_\_\_\_
- Category 2a (3 student memberships, 1 free ad, 10% discount\*) .....\$175 \$ \_\_\_\_\_
- Category 2b (6 student memberships, 10% discount\*) .....\$150 \$ \_\_\_\_\_

#### DONATIONS (Optional)

- AWM General Fund- general funds go directly into AWM's operating budget to expend during fiscal year..... \$ \_\_\_\_\_
- AWM Alice T. Schafer Prize Fund - donations are restricted funds ..... \$ \_\_\_\_\_
- AWM Anniversary Endowment Fund- donations are restricted funds; only the interest earned is available for expenditures. \$ \_\_\_\_\_
- Indicate if you wish for your contribution(s)/donation(s) to remain ANONYMOUS. Dues in excess of \$15 and all cash contribution(s)/donation(s) are deductible from federal taxable income.

**TOTAL AMOUNT ENCLOSED** - \$ \_\_\_\_\_

Please indicate the number of student nominees included on this form: \_\_\_\_\_

\*List names, addresses, and emails of student nominees on opposite side or attach separate page.

### PAYMENT METHOD

Check (Make checks payable to Association for Women in Mathematics. NOTE: All checks must be drawn on U.S. Banks and be in U.S. funds.)

Credit Card Payment  VISA  MasterCard

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Return your completed Institutional Membership Application form, student nomination application form(s), and your dues payment to the address above.  
If you have any questions, please contact AWM at (703) 934-0163 or email at [awm@awm-math.org](mailto:awm@awm-math.org).

**STUDENT NOMINEE(S) MEMBERSHIP INFORMATION** \* An institution may pay for additional student members at \$20 each.

**Student Nominee # 1**

Prefix: Mr. Ms. Mrs. Dr. Prof.  
Full Name (First, MI, Last): \_\_\_\_\_  
Suffix: \_\_\_\_\_  
Home Address 1: \_\_\_\_\_  
Home Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: Female Male  
Expected Year of Graduation: \_\_\_\_\_

**Student Nominee # 2**

Prefix: Mr. Ms. Mrs. Dr. Prof.  
Full Name (First, MI, Last): \_\_\_\_\_  
Suffix: \_\_\_\_\_  
Home Address 1: \_\_\_\_\_  
Home Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: Female Male  
Expected Year of Graduation: \_\_\_\_\_

**Student Nominee # 3**

Prefix: Mr. Ms. Mrs. Dr. Prof.  
Full Name (First, MI, Last): \_\_\_\_\_  
Suffix: \_\_\_\_\_  
Home Address 1: \_\_\_\_\_  
Home Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: Female Male  
Expected Year of Graduation: \_\_\_\_\_

**Student Nominee # 4**

Prefix: Mr. Ms. Mrs. Dr. Prof.  
Full Name (First, MI, Last): \_\_\_\_\_  
Suffix: \_\_\_\_\_  
Home Address 1: \_\_\_\_\_  
Home Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: Female Male  
Expected Year of Graduation: \_\_\_\_\_

**Student Nominee # 5**

Prefix: Mr. Ms. Mrs. Dr. Prof.  
Full Name (First, MI, Last): \_\_\_\_\_  
Suffix: \_\_\_\_\_  
Home Address 1: \_\_\_\_\_  
Home Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: Female Male  
Expected Year of Graduation: \_\_\_\_\_

**Student Nominee # 6**

Prefix: Mr. Ms. Mrs. Dr. Prof.  
Full Name (First, MI, Last): \_\_\_\_\_  
Suffix: \_\_\_\_\_  
Home Address 1: \_\_\_\_\_  
Home Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: Female Male  
Expected Year of Graduation: \_\_\_\_\_

**Student Nominee # 7**

Prefix: Mr. Ms. Mrs. Dr. Prof.  
Full Name (First, MI, Last): \_\_\_\_\_  
Suffix: \_\_\_\_\_  
Home Address 1: \_\_\_\_\_  
Home Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: Female Male  
Expected Year of Graduation: \_\_\_\_\_

**Student Nominee # 8**

Prefix: Mr. Ms. Mrs. Dr. Prof.  
Full Name (First, MI, Last): \_\_\_\_\_  
Suffix: \_\_\_\_\_  
Home Address 1: \_\_\_\_\_  
Home Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: Female Male  
Expected Year of Graduation: \_\_\_\_\_

**Student Nominee # 9**

Prefix: Mr. Ms. Mrs. Dr. Prof.  
Full Name (First, MI, Last): \_\_\_\_\_  
Suffix: \_\_\_\_\_  
Home Address 1: \_\_\_\_\_  
Home Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: Female Male  
Expected Year of Graduation: \_\_\_\_\_

**Student Nominee # 10**

Prefix: Mr. Ms. Mrs. Dr. Prof.  
Full Name (First, MI, Last): \_\_\_\_\_  
Suffix: \_\_\_\_\_  
Home Address 1: \_\_\_\_\_  
Home Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: Female Male  
Expected Year of Graduation: \_\_\_\_\_