



ASSOCIATION FOR  
WOMEN IN MATHEMATICS

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

## 2009-2010 INSTITUTIONAL MEMBERSHIP APPLICATION FORM

### DIRECTORY AND MAILING INFORMATION

Institution Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Address 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address 2: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Website: \_\_\_\_\_  
Country: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

#### INSTITUTION (Chair) CONTACT:

Prefix:  Mr.  Ms.  Mrs.  Dr.  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>.*

- |   |       |          |
|---|-------|----------|
| <input type="checkbox"/> Category 1 (10 student memberships*, 1 free ad & 25% discount on ads).....                       | \$300 | \$ _____ |
| <input type="checkbox"/> Category 2 (\$200 Ad Credit, 1 free ad & 25% discount on ads; for institutions without students) | \$300 | \$ _____ |
| <input type="checkbox"/> Category 3 (3 student memberships*, 1 free ad & 10% discount on ads ) .....                      | \$175 | \$ _____ |
| <input type="checkbox"/> Category 4 (6 student memberships & 10% discount on ads) .....                                   | \$150 | \$ _____ |

#### DONATIONS (Optional)

- |  |          |
|--|----------|
| <input type="checkbox"/> AWM General Fund- general funds go directly into AWM's operating budget to expend during fiscal year.....               | \$ _____ |
| <input type="checkbox"/> AWM Alice T. Schafer Prize Fund - donations are restricted funds .....  | \$ _____ |
| <input type="checkbox"/> AWM Anniversary Endowment Fund- donations are restricted funds; only the interest earned is available for expenditures. | \$ _____ |
- o Indicate if you wish for your contribution(s)/donation(s) to remain ANONYMOUS.  
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 following page 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: \_\_\_\_\_