

INDIVIDUAL MEMBERSHIP APPLICATION FORM

MEMBER AND CONTACT INFORMATION: (Please PRINT)

Mr. Mrs. Ms. Dr. Prof.

First Name/ Middle Initial _____

Last Name _____

Position/Title _____

Institution/Company _____

Division/Department _____

Street Address _____

City _____ State/Province _____ Zip code _____

Country _____ Email _____

Work Phone _____ Work Fax _____

Home Phone _____ Home Fax _____

**FOR EASY & FASTER SERVICE,
 JOIN or RENEW ONLINE @
WWW.AWM-MATH.ORG**

For questions or inquiries, please call AWM at (703) 934-0160 or email at awm@awm-math.org

CONTACT INFORMATION PREFERENCES

- Do not** publish work number in the directory
- Do not** publish home number in the directory
- Do not** list my membership information on the **AWM Public On-line Directory**.
- Do not** release my membership information to The **Combined Membership List (CML)**.

MEMBERSHIP CATEGORY AND ANNUAL DUES: Please check the appropriate membership category below.

- 1st year Regular Individual Membership (for NEW MEMBERS only).....\$30 _____
- Regular Individual Membership..... \$55 _____
- 2nd Family Member (No Newsletter) please fill out the "Additional Family Members Information" below \$30 _____
- Contributing Membership.....\$125 _____
- Retired or Part-Time Employed Membership (circle one).....\$30 _____
- Student or Unemployed Membership (circle one).....\$20 _____
- All Foreign Memberships Additional Postage (Including Canada & Mexico).....\$10 _____
 - This membership is a gift from _____. We will send the recipient a notice that gift membership is from you and ask them to complete the member information below.

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.....\$ _____
- AWM Anniversary Endowment Fund- donations are restricted funds. Here 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: \$ _____

PAYMENT METHOD:

Check- Make checks payable to AWM. NOTE: All checks must be drawn on U.S. Bank and be in U.S. Funds.

Credit Card Payment VISA MasterCard
 Card Number _____

Expiration Date (mm/yyyy) _____

Name on Card (print) _____

Signature _____

