

MEMBERSHIP APPLICATION 2016

Join online: www.ams.org/membership or by mail: 201 Charles Street, Providence, RI 02904

Name _____, 20____
Last First Middle Suffix

Personal Information (Please Print)

Address for all mail

City State/Province Zip/Postal Code Country

Telephone: home(____)____ office(____)____

Email: _____

Present position: _____

Firm or institution: _____

City State/Province Zip/Postal Code Country

To help identify you in our database, please provide date of birth:

Day Month Year

Primary Fields of Interest (choose up to five from the list on reverse)

Secondary Fields of Interest (choose from list on reverse)

Mark preferred method of communication:

	postal mail	email
Dues renewal notices	<input type="checkbox"/>	<input type="checkbox"/>
AMS election ballot	<input type="checkbox"/>	<input type="checkbox"/>
Annual update of your contact information	<input type="checkbox"/>	<input type="checkbox"/>

Payment Method and Mailing Address

Prices quoted in U.S. dollars. Payment by check must be drawn on a U.S. bank.

- Pay by check, money order, UNESCO coupons. Mail to
American Mathematical Society, P.O. Box 845904,
Boston, MA 02284-5904 USA.
- Pay by credit card. Mark below and mail to:
American Mathematical Society, 201 Charles Street, Providence, RI 02904-2294
USA or call 1-401-455-4000 (worldwide) or 1-800-321-4AMS (4267) (in U.S. and
Canada).
- American Express Discover VISA MasterCard

Account number

Name on card _____

Expiration date _____

Choose Membership Category

Introductory regular member US\$71
Available for first five consecutive years of regular membership. Eligibility begins with first year of membership in any category other than student, graduate student, and affiliate.

Regular member
With annual professional income below US\$85,000 US\$141
With annual professional income at or above US\$85,000 US\$188

Contributing member US\$282 or US\$_____
Minimum US\$282. The amount paid which exceeds the higher regular dues level and is purely voluntary may be treated as a charitable contribution.

Joint family membership
One family member pays regular dues, based on his or her income. Only this member receives *Notices* and *Bulletin*.
With annual professional income below US\$85,000 US\$141
With annual professional income at or above US\$85,000 US\$188

The other member pays regular dues, based on his or her income, minus US\$20. This member does not receive *Notices* or *Bulletin* but will be granted all other privileges of membership.
With annual professional income below US\$85,000 US\$121
With annual professional income at or above US\$85,000 US\$168

Reciprocity member www.ams.org/membership/individual/mem-reciprocity
To be eligible for this classification, members must belong to one of those foreign societies with which the AMS has established a reciprocity agreement. Annual verification required. _____
(Society name)

Reciprocity members who reside outside U.S. US\$94
Reciprocity members who reside in U.S.:
With annual professional income below US\$85,000 US\$141
With annual professional income at or above US\$85,000 US\$188

Retired member
I have retired. US\$71

Multi-year membership available in the above categories only (up to five years)
Dues amount: _____ x _____ years = US\$_____

Affiliate member www.ams.org/membership/individual/types/mem-develop US\$16
Available for those who reside in developing countries. Members can choose only one privilege journal: *Notices* or *Bulletin* Country: _____

Graduate Student member* US\$47
Verification of full-time student status required by completing this statement and signing this application: *I am a full-time student at* _____
_____ *currently working toward a degree.*

*no charge for graduate student nominated by institution.

Student member US\$47
Verification of full-time student status required by completing this statement and signing this application: *I am a full-time student at* _____
_____ *currently working toward a degree.*

Unemployed member US\$47
I am currently unemployed and actively seeking employment.
Annual verification of unemployed status required by signing this application.

Life member
Call the AMS or check the website for rates.

Total due US\$ _____
Please subtract the total amount of AMS points (maximum 16) - US\$ _____
My enclosed payment is US\$ _____

Application Signature

Signature required to validate statements made on application. Application will not be processed without signature.

Signature