



JUNIOR MEMBERSHIP APPLICATION

Complete pages 1-3 of the application in full and be sure to keep a copy for your files. **NOTE: This form works best when opened with Adobe Acrobat or Adobe Reader.**

1. ☒ **YES!**

I'd like to become a member of the American Astronomical Society so I can begin receiving AAS benefits!

2. Choose Membership Status

Please check one of the following:

DUES: \$81.00

- ☒ *New application for junior membership (two (2) years for the cost of one year).
- ☐ Reinstatement of junior membership (include an additional \$10 reinstatement fee with payment). If reinstating, please **SKIP** section 4.

Last year of active membership: _____ ID: _____

Office Use ONLY

3. Name and Address Information

Christopher Greene

Elon University

Name

Institution

URL

a. Directory Address

Enter your SCHOOL address here, it will be listed in the Directory unless you opt out in section 10.

☐ Mail ☐ Bill ☐ Ship

100 Campus Drive

Street Address Line 1

Street Address Line 2

Elon

NC

27244

USA

City

State/Province

Zip/Postal Code

Country

Phone Number

Fax Number

Email

b. Preferred Address

Enter your HOME address here. This is used to determine your congressional district if in the US.

☒ Mail ☒ Bill ☐ Ship

210 Sturdivant Road

Street Address Line 1

Street Address Line 2

Durham

NC

27705

USA

City

State/Province

Zip/Postal Code

Country

9192579435

Phone Number

Fax Number

cgreene11@elon.edu

Email

4. Nominating Signatures

The person named above is hereby nominated for the indicated membership or promotion as indicated above in the American Astronomical Society (AAS), in accordance with the bylaws. **Applicant** must obtain signatures from **two active full members** of the AAS for all promotions and new applications. Signatures not required for reinstatements at the same membership class.

The nominating signatures can be made directly on the membership form or endorsements can be sent via email. If you prefer the electronic method:

1. Include the name and email address of the endorsers in Section 4 of your application. Enter the email in the signature field.
2. Have the member(s) furnishing the recommendation send their electronic nomination to **endorse@aaas.org**. Endorsers should specify their full name and indicate in the message that they are nominating you (your name must be stated) as an AAS member. The person's email address will be used for signature verification.

Gina Brissenden

1. Print Name

18055

AAS ID#

gina.brissenden@aaas.org

Signature

27 October 2016

Date

Chris Richardson

2. Print Name

41190

AAS ID#

crichardson17@elon.edu

Signature

10/31/16

Date

The Membership Committee may admit or promote an applicant to a class of membership other than the one requested. Full, Associate and Junior members vote in elections and receive reduced journal subscription rates.

American Astronomical Society
JUNIOR MEMBERSHIP APPLICATION

Christopher Greene
Name Pg. 2

Please continue completing page 2. Incomplete applications will not be processed.

5. Other Information

High School Riverside High School 06/2013 UA
Highest Degree Earned Institution from which Degree Earned Date Received Country in which Highest Degree Earned

*For statistical information ONLY. You are not required to provide this information. *Gender ☒ M ☐ F *Date of Birth 2/21/1995

*Racial/Ethnic Group (for US Citizens only) 1. White/European/Caucasian Explain _____

Elon University B.S. Physics 05/17
Institution Currently Attending Degree & Subject for which Nominee is a Candidate Month & Year Degree Expected

6. Areas of Primary Interest

- | | | |
|---|---|--|
| <input type="radio"/> 1) Solar System/Planetary science | <input checked="" type="radio"/> 6) Interstellar Medium | <input type="radio"/> 11) Clusters of Galaxies/Large-scale Structure |
| <input type="radio"/> 2) Heliophysics | <input type="radio"/> 7) Galactic Structure & Stellar Populations | <input type="radio"/> 12) Cosmology |
| <input type="radio"/> 3) Exoplanets | <input checked="" type="radio"/> 8) Supernovae, GRBs, High-Energy Phenomena | <input type="radio"/> 13) Astronomy Education |
| <input type="radio"/> 4) Astrobiology | <input checked="" type="radio"/> 9) Galaxy formation & Evolution | <input type="radio"/> 14) Other? List _____ |
| <input type="radio"/> 5) Star formation & Evolution | <input checked="" type="radio"/> 10) Active Galactic Nuclei | |

7. Benefits & Subscriptions Please check all of the benefits you would like to receive.*Electronic subscription ONLY

- ☐ AAS Digest* ☐ AAS Membership Calendar ☐ AAS Membership Directory ☐ AAS Job Register (monthly email)*
- ☐ SPECTRUM, the newsletter of the Committee on the Status of Minorities in Astronomy*
- ☐ STATUS, the newsletter of the Committee on the Status of Women in Astronomy*
- ☐ SPARK, the education newsletter of the Education Office and Astronomy Education Board*
- ☐ Physics Today is available online to all AAS members. If you would like the print version too, please indicate here: ☐ Print

8. Divisions

The AAS has six subject-specific Divisions which hold their own meetings, award their own prizes, and work to promote the interests of their sub-disciplines. If you would like to join one or more Divisions, please indicate below.

- ☐ Division on Dynamical Astronomy..... \$10 ☐ Division for Planetary Sciences..... \$10 ☐ Historical Astronomy \$15
- ☐ High Energy Astrophysics..... \$10 ☐ Laboratory Astrophysics \$10 ☐ Solar Physics \$15

9. AAS Journals Subscription

- ☐ \$ 25 **Electronic Package:** *The Astronomical Journal, Astrophysical Journal, Supplement, and Letters.*

10. Options ☒ DO NOT include me in the electronic directory ☒ DO NOT include me in the printed directory

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Christopher Greene Pg. 3
Name

Please continue completing page 3. Incomplete applications will not be processed.

11. I have READ and UNDERSTAND the FOLLOWING:

- ☒ Application approval can take up to two (2) weeks or longer if you do not submit ALL necessary information. Contact member services if you have questions about requirements, 202-328-2010, x101 or membership@aaas.org.
- ☒ Some abstract submittals require membership or a sponsor if you have not submitted in the last ten (10) years. Contact the abstracts administrator if you have questions, 202-328-2010, x117 or kathy.cox@aaas.org.

12. Selection Total

Membership Dues:	\$81.00
Reinstatement Fee:	
Divisions:	
Journal Subscriptions:	
TOTAL:	81.00

13. Payment Information


☐ Check Payable to the American Astronomical Society is enclosed. Checks must be in US dollars and drawn on a US bank. Send check payments to:
AAS | 1667 K Street NW, Suite 800 | Washington DC 20006

☐ VISA ☒ MasterCard ☐ American Express

Credit Card Number: **5044309932866248**

Expiration Date: **07/19** CSC: **938**

Name on Card: **Christopher Greene**

Signature: 

Amount Authorized: **81.00**

14. SUBMIT your application

EMAIL to membership@aaas.org
FAX to 202-588-1351

FOR OFFICE USE			
<input type="checkbox"/>	Accepted & Approved	Date: ____ / ____ / ____	By: _____
<input type="checkbox"/>	Reinstated	Date: ____ / ____ / ____	By: _____
<input type="checkbox"/>	Payment Processed	Date: ____ / ____ / ____	By: _____
Amount Paid:		Authorization Code:	