



## WASHINGTON ACADEMY OF SCIENCES

### MEMBERSHIP APPLICATION FORM

*Thanks for your interest in joining the Academy! Please fill out the information on this form and save, then send the file as an email attachment to [join@washacadsci.org](mailto:join@washacadsci.org). Welcome!*

Your Contact Information		
Prefix (Mr., Ms. etc.)		
Full Name		
Home: Number and Street Address		
City		
State or Province		
Country	USA:	Other:
Zip or Postal Code		
E-mail Address - Personal		
E-mail Address - Work		
Mobile Phone Number		
Alternate Phone Number		
Fax Number		
At which E-mail address should we contact you?	Personal	Work

<b>Current Position</b>			
Name of Your Organization <i>(if retired, please state)</i>			
If student, what level?	High School	Undergraduate	Graduate
Your Title (if any)			
Organization Street Address			
City			
State or Province			
Country			
Zip or Postal Code			
Organization Phone Number			
Organization E-mail Address			
Organization Fax Number			

<b>Current Membership in Professional Organizations:</b>		
<b>Abbr.</b>	<b>Full Name</b>	<b>No. Years</b>

### **ACADEMIC DEGREES**

<b>Degree (BS, MS, PhD, etc.)</b>	<b>Awarding Institution or Firm</b>	<b>Date of Award</b>

## **CAREER EXPERIENCE**

Please submit an up-to-date Career Bio (or vita, or resume) as an email attachment to accompany this form.

## **MEMBERSHIP TYPE**

**REGULAR MEMBER** (Dues \$60 / year)

**STUDENT MEMBER** (Dues \$25 / year)

Please do not submit dues payments now; if membership is approved you will be billed later.

*→ Thank you for your interest in joining the Washington Academy of Sciences!*

1.0 4/2018