



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. 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

Current Position			
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			

Current Membership in Professional Organizations:		
Abbr.	Full Name	No. Years

ACADEMIC DEGREES

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

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

STUDENT MEMBER

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

How did you first hear about the Washington Academy of Sciences?

Why did you decide to join the Academy?

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

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