

**INDIANA ACADEMY OF SCIENCE
APPLICATION FOR NEW OR RENEWAL MEMBERSHIP**

Please enroll me as a new or renewing member of the Indiana Academy of Science. All items on this form have been completed and my dues are enclosed.

New Membership

Membership Renewal

Dr. Mr. Title of
Mrs. Ms. Position _____

Dept/Apt _____

Institution _____

Street _____

City State Zip code _____

Highest Year College or
Degree Earned University _____

Email Phone _____

_____ **MEMBER (Annual dues: \$50.00)** – standard membership for practicing scientists in educational institutions, business, industry, and government, who wish to participate in and support activities of the academy. Members receive *Proceedings of the Indiana Academy of Science*, newsletter, and announcements.

_____ **SUSTAINING MEMBER (Annual dues: \$75.00)** – provides the opportunity for individuals to be recognized for an additional degree of support to the Academy and its work, in addition to receiving all rights and benefits of Members.

_____ **LIFE MEMBER (Single payment of \$750.00)** – available to any member of the Academy in good standing. Life members receive *Proceedings of the Indiana Academy of Science*, newsletters, and announcements.

_____ **CORPORATE MEMBER (Annual dues: \$250.00)** – open to any for-profit corporation. Contact the Executive Director for more information.

_____ **INSTITUTIONAL MEMBER (Annual dues: \$50.00)** – open to any non-profit organizations such as colleges and universities. Contact the Executive Director for more information.

_____ **EMERITUS MEMBER (Annual dues: \$25.00)** – open to members 65 years of age who have been members of the Academy for 25 years or more. Executive Director confirms eligibility.

_____ **STUDENT MEMBER (Annual dues: \$25.00)** – open to any students. Student members receive Academy newsletters and announcements.

(Note: Dues are for the calendar year.)

My professional area is: _____ College Faculty _____ High School Faculty _____ Elementary School Faculty
_____ Industrial Scientist _____ Physician _____ Student _____ Other (describe)

Discipline (field of specialization) _____

My first three choices of section interest are shown as numbered 1, 2, and 3 below:

- | | | | |
|-------------------|-------------------|-------------------------|--|
| ___ Anthropology | ___ Ecology | ___ History of Science | ___ Plant Systematics and Biodiversity |
| ___ Botany | ___ Engineering | ___ Mathematics | ___ Psychology |
| ___ Cell Biology | ___ Entomology | ___ Microbiology & | ___ Science Education |
| ___ Chemistry | ___ Environmental | Molecular Biology | ___ Zoology |
| ___ Earth Science | Quality | ___ Physics & Astronomy | |

Referred for membership by _____

Mail application and dues to: Delores Brown, Executive Director
Indiana Academy of Science
650 W. Washington
Indianapolis, IN 46204

Email: ExecDir@indianaacademyofscience.org
Phone: (317) 974-0827
FAX: (317) 974-0783