



INDIANA ACADEMY OF SCIENCE
APPLICATION FOR NEW or RENEWAL MEMBERSHIP

Please enroll me as a new or renewing member (circle one) of the Indiana Academy of Science.

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

Dept. /Apt: _____ Institution: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Highest Degree: _____ Year Earned: _____ College or University: _____

Email address: _____ Telephone number: _____

MEMBERSHIP LEVELS (check one)

- _____ **MEMBER (Annual dues: \$75.00)** – Standard Membership. For practicing scientists in business, educational institutions, industry, and government, who wish to participate in and support activities of the Academy.
- _____ **SUSTAINING MEMBER (Annual dues: \$125.00)** – 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 \$1000.00)** – Available to any member of the Academy in good standing.
- _____ **CORPORATE MEMBER (Annual dues: \$300.00)** – Open to any for-profit corporation. (See information on the reverse side of this application.)
- _____ **INSTITUTIONAL MEMBER (Annual dues: \$100.00)** – Open to any non-profit organizations such as colleges and universities. (See information on the reverse side of this application)
- _____ **EMERITUS MEMBER (Annual dues: \$45.00)** -- NOTE: Emeritus member applications have to be approved by the Indiana Academy of Science. See information on the reverse side of this application.
- _____ **STUDENT MEMBER (Annual dues: \$40.00)** – Open to any graduate or undergraduate student. Student members receive the quarterly Academy Newsletter, discounts, and announcements.

(Note – Membership dues must be renewed before December 31st of each year to avoid interruption. (With the exception of Life Members))

My professional discipline is _____. My professional area is (check one of the following):

____ Industrial Scientist, _____ College Administrator, Staff or Faculty, _____ High School/Middle School/Elementary School Science Educator, _____ Physician/other health professional, _____ Graduate or Undergraduate Student, _____ Other _____ (please describe)

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

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

I learned about Indiana Academy of Science membership from: _____

Membership in the Academy can be registered and paid for with a credit card on line at: <http://www.indianaacademyofscience.org>

OR: Mail application and dues to: Indiana Academy of Science
C/o Delores Brown, Executive Director
650 W. Washington Street
Indianapolis, Indiana 46204

Email: execdir@indianaacademyofscience.org; Telephone: 317.974.0827; FAX: 317.974.0783

Website: <http://www.indianaacademyofscience.org>