



Division on Dynamical Astronomy

of the **AMERICAN ASTRONOMICAL SOCIETY**

Affiliate Membership Application



Complete pages 1-2 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.**

To request affiliate DDA membership, please fill out this form, include the signatures of two regular DDA members, and send it to the Secretary of the DDA at:

Dr. Sethanne Howard
Attn: DDA Membership
7570 Monarch Mills Way, Apt 311
Columbia, MD 21046

You can also email the scanned and signed application to dda.secretary@gmail.com or use the EMAIL button on page two if you have electronic signatures.

Do NOT send payment of any kind with the form! The DDA Secretary will inform both you and the AAS of your membership approval, whereupon you may proceed with payment. After approval, you will send payment directly to the AAS headquarters.

NAME	Last Name _____ First Name _____ MI _____ Title - e.g., Dr., Mr., Ms. _____
SIGNATURE	I request enrollment as an affiliate member of the DDA. Signed By _____ Date _____
QUALIFYING AFFILIATION	I hereby apply for Affiliate membership in the Division of Dynamical Astronomy of the American Astronomical Society. I am an active member of the following professional scientific organization and, as such, qualify for Affiliate membership. Name of Professional Scientific Organization _____
SPONSORS	Nominations I am an active regular member of the DDA and nominate the above named individual for membership in the DDA. Last Name _____ First Name _____ MI _____ Institution _____ Email _____ Signed By _____ Date _____ I am an active regular member of the DDA and nominate the above named individual for membership in the DDA. Last Name _____ First Name _____ MI _____ Institution _____ Email _____ Signed By _____ Date _____

Affiliate Membership Application

Last Name _____

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

MAILING ADDRESS	<p>Contact Information</p> <p>Institution _____</p> <p>Street Address _____</p> <p>City _____ State/Province _____</p> <p>Zip/Postal Code _____ Country _____</p> <p>Tel. No. _____ Fax No. _____</p> <p>Email _____ Website _____</p>
CREDENTIALS	<p>Professional Credentials</p> <p>Highest Degree Earned _____ Date _____</p>
Office Use ONLY	<p>Date Received: _____ Date Approved: _____</p> <p>Date Processed: _____ Approved By: _____</p>

Affiliate Membership Application

Last Name _____

PAYMENT FORM

DO NOT submit payment until you are instructed to do so. Send all payments directly to AAS Headquarters.

Name _____ Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Tel. No. _____ Email _____

PAYMENT INFORMATION

☐ Division dues for AAS member ----- \$20

☐ Division dues for Junior AAS member ----- \$10

☐ Affiliate Membership ----- \$25

☐ Check enclosed, payable to the American Astronomical Society and drawn on a U.S. bank in U.S. currency

☐ Payment by VISA, MasterCard, or American Express

Card Number _____ Expiration Date _____

Cardholder's Name _____ Authorized Charge Amount _____

Signature of card holder authorizing charge _____

To avoid processing delays, please provide all requested information and nominating signatures.

Return this completed form and your payment to:

American Astronomical Society
Membership Department
1667 K Street, NW, Suite 800
Washington, DC 20006

Or, if paying by credit card, fax your completed application to (202) 588-1351 or use the email button below.