

MISSOURI ACADEMY OF SCIENCE
APPLICATION FOR MEMBERSHIP
(1-1-2011/12-31-2011)

Please circle title: Mr. / Mrs. / Miss / Dr.

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Mailing Address: () Home () School/Institution/Agency/Work

Home Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Institution/School/Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Work Phone (____) _____ Home Phone (____) _____

E-mail Address _____ Fax (____) _____

Individual Membership

- ____ Retired/emeritus (bulletins only) -- \$20.00
- ____ Student (bulletins only) -- \$15.00
- ____ Student (bulletins plus Transactions) -- \$20.00
- ____ K-12 Teacher (bulletins only) -- \$30.00
- ____ K-12 Teacher (bulletins plus Transactions) -- \$35.00
- ____ Regular (bulletins only) -- \$35.00
- ____ Regular (bulletins plus Transactions) -- \$40.00
- ____ Supporting (bulletins plus Transactions) -- \$50.00
- ____ Life (with Transactions) -- \$600.00

Contribution Opportunities

- ____ Donor -- \$100.00
- ____ Advocate -- \$200.00
- ____ Builder -- \$300.00
- ____ Distinguished Contributor -- \$500.00
- ____ Hall of Honor -- \$1000.00
- ____ MAS Endowment Fund -- \$ _____
- ____ MAS Corporation -- \$ _____

Section Preference: Please select at least three (3) areas of interest. Place a "1" in the space next to your first preference, a "2" in the space next to your second preference, and a "3" in the space next to your third preference.

- | | | | |
|---------------------------------|-----------------------|-------------------------|-----------------------|
| ____ Agriculture | ____ Computer Science | ____ Geography | ____ Forensic Science |
| ____ Atmospheric Science | ____ Conservation | ____ Geology/Geophysics | |
| ____ Biology | ____ Engineering | ____ Physics | |
| ____ Bio-Medicine/Biotechnology | ____ Entomology | ____ Science Education | |
| ____ Chemistry | ____ Speleology | | |

Division Preference: Please check your division choice:

- ____ Senior Division (Graduate/Faculty/Professional)
 - ____ Collegiate Division (Undergraduate)
 - ____ Junior Division (Middle School/High School)
- Recommending Member: _____

- May we list your name and address on our web page? YES NO
May we publish your name and address in the Bulletin? YES NO
May we list your name and email on our membership listserv? YES NO

Send this form with payment to:

Missouri Academy of Science
Attn: Paula L. Macy
W.C. Morris 206A
University of Central Missouri
Warrensburg, MO 64093

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Fax: (660) 543-4355
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