

MISSOURI ACADEMY OF SCIENCE

APPLICATION FOR MEMBERSHIP

(1-1-2007/12-31-2007)

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) -- \$10.00
- ____ Student (bulletins only) -- \$15.00
- ____ Student (bulletins plus Transactions) -- \$20.00
- ____ K-12 Teacher (bulletins only) -- \$20.00
- ____ K-12 Teacher (bulletins plus Transactions) -- \$25.00
- ____ Regular (bulletins only) -- \$25.00
- ____ Regular (bulletins plus Transactions) -- \$30.00
- ____ Supporting (bulletins plus Transactions) -- \$40.00
- ____ Life (with Transactions) -- \$300.00

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 area of preference, and a "3" in the space next to your third area of preference.

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

Phone: (660) 543-8734
Fax: (660) 543-4355
E-mail: macy@cmsu.edu

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