

American Elasmobranch Society

Membership Application



The membership period is from **January 1 to December 31** and is renewable on an annual basis.

Print a copy of this form and forward to AES Treasurer, Daniel S. Ha. This form is appropriate only for **STANDARD MEMBERSHIP** and requires endorsement by current member of AES

Daniel S. Ha, AES Treasurer
1058 Cobblestone Lane
Lancaster, PA USA 17601-3368

If you require additional information, Daniel S. Ha can also be reached at:

dshaxx@verizon.net
Phone: 717-569-1061

Dues must be enclosed for membership in one of the following categories (Check one):

- Student (\$25) (NOTE: REQUIRES ENDORSEMENT OF FACULTY)**
- Regular (\$50)
- Graduate 3-yr membership (\$75)
- Foreign (\$40)
- Family (\$60)*
- Associate (\$100)
- Sponsor (\$250)
- Patron (\$500)
- Benefactor (\$1,000)
- Lifetime (\$1,000)
- ¼ Lifetime installment (\$250.00)**
- Lifetime Family (\$1,100.00)*
- ¼ Lifetime Family installment (\$275.00)**
- Corporate (\$5,000)

***maximum of two ballots per household, check both bubbles if you wish to receive two ballots. Please include name and contact information for both members if separate listing in membership directory is desired.**

****must sign terms of agreement to be mailed upon receipt of installment.**

*****can join for three years at the student rate the year you graduate**

NOTE: any membership category can join for multiple years

Total Enclosed (Annual Dues plus mail surcharge, if applicable) \$_____

All funds must be in U.S. currency, drawn on a U.S. bank or a New York bank draft, or by Mastercard or Visa (For credit card complete section below).

PLEASE PRINT

Last Name: _____ First Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone No. _____ Fax No. _____

E-Mail Address: _____

Institutional Affiliation: _____

Department: _____

RECOMMENDED BY: (Signature required):

Printed Name of Person Making Recommendation: _____

Affiliation of Person Making Recommendation: _____

IF STUDENT MEMBER, THIS MUST BE COMPLETED:

Degree Program (e.g. MS in Biology): _____

Name of Faculty Advisor: _____

Signature of Faculty Advisor: _____

Faculty Member Affiliation: _____

Expected graduation date for graduate renewal rate _____

CREDIT CARD PAYMENT:

MASTERCARD NAME AS IT APPEARS ON CARD _____

VISA, AMEX CARD NO. _____ EXP. DATE: _____

& DISCOVER THREE DIGIT CODE (from back of card): _____

SIGNATURE: _____

BILLING ZIP CODE: _____

The AES newsletter and membership directory will be posted on the AES website