2021–2022 Individual Membership Form

JOIN ONLINE at awm-math.org!

Please fill in this information and return it along with your dues to:
AWM Membership, PO Box 40876, Providence, RI 02940

Last Name ____________________________ First Name ____________________________ M.I. ____________________________

Address _________________________________________________________________ ____________________________

City ____________________________ State/Province ____________________________

Zip/Postal Code ____________________________ Country ____________________________

AWM’s membership year is from October 1 to September 30. Please fill in this information and return it along with your dues to: AWM Membership, PO Box 40876, Providence, RI 02940

The AWM Newsletter is published six times a year. If you have questions, contact AWM at awm@awm-math.org, 401.455.4042, or visit our website at: www.awm-math.org

E-mail: ____________________________ Home Phone: ____________________________ Work Phone: ____________________________

PROFESSIONAL INFORMATION:

Position: ____________________________

Institution/Company: __________________________________________________________

If student, check one:

☐ Graduate ☐ Undergraduate

If not employed, leave position and institution blank.

City: ____________________________ State/Province: ____________________________ Zip/Postal Code: ____________________________ Country: ____________________________

DEGREES EARNED:

Degree(s) ____________________________ Institution(s) ____________________________ Year(s) ____________________________

Doctorate: _________________________________________________________________

Masters: _________________________________________________________________

Bachelors: _______________________________________________________________

INDIVIDUAL DUES SCHEDULE

Please check the appropriate membership category below. Make check or money order payable to: Association for Women in Mathematics.

NOTE: All checks must be drawn on U.S. banks and be in U.S. funds. AWM membership year is October 1 to September 30.

☐ Regular individual membership (new members only) ................................................................. $35

☐ Regular individual membership ........................................................................................................ $70

☐ Regular membership (3 year membership) .................................................................................... $210

☐ Family membership ........................................................................................................................... $35

please indicate family member who is a regular member of AWM:

☐ Contributing membership (includes designation of a free student membership) ......................... $160

☐ Contributing membership (3 year membership) ............................................................................. $480

☐ Retired or Part-time employed or KWMS Affiliate or AWM-SIAM Reciprocity (circle one) ........ $30

☐ Student or unemployed membership (circle one) ......................................................................... $20

☐ Outreach membership ................................................................................................................... $10

☐ I do not want my name to appear in annual lists of contributors to AWM’s funds.

TOTAL ENCLOSED $ ____________________________

Please note that all student, unemployed, outreach, family, and KWMS affiliate members and members with non-US addresses receive only the electronic version of the newsletter.

If you wish to receive a print version, please check here ☐

Gift membership from: ____________________________