2024–2025 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 ____________________

E-mail: ____________________ Home Phone: ____________________ Work Phone: ____________________

PROFESSIONAL INFORMATION:
Position: ____________________

Institution/Company: ____________________

NOTE: All checks must be drawn on U.S. banks and be in U.S. funds.

If student, check one:
☐ Graduate  ☐ Undergraduate

If not employed, leave position and institution blank.

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: https://awm-math.org.

DEGREES Earned:

Doctorate: ____________________ Institution(s): ____________________ Year(s): ____________________
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.

☐ Regular individual membership (new members only): ____________________
☐ Regular individual membership (members earning <$90,000): ____________________
☐ Regular individual membership (members earning ≥$90,000): ____________________
☐ Family membership, please indicate family member who is a regular AWM member: ____________________
☐ Contributing membership (members earning <$90,000)(includes designation of a free student membership) ____________________
☐ Contributing membership (3 year membership, members earning <$90,000) ____________________
☐ Contributing membership (members earning ≥$90,000)(includes designation of a free student membership) ____________________
☐ Contributing membership (3 year membership, members earning ≥$90,000) ____________________
☐ Part-time employed ____________________
☐ AWM-SIAM Reciprocity membership ____________________
☐ AWM-KWMS Affiliate membership ____________________
☐ Retired membership ____________________
☐ Student membership ____________________
☐ Unemployed membership ____________________
☐ Gift membership, please indicate name and email of giftee: ____________________
☐ Outreach membership ____________________
☐ Contribution to the AWM Endowment fund ____________________
☐ Contribution to the AWM Annual Giving Campaign ____________________
☐ I do not want my name to appear in annual lists of contributors to AWM’s funds.

Please note that all student, unemployed, outreach, family, gift membership, 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 ☐

TOTAL ENCLOSED $ ____________________