

MEMBERSHIP INFORMATION AND APPLICATION INSTRUCTIONS

Applicants may apply for one of four grades of membership, depending on their qualifications: Student Member, Associate Member, Corresponding Electronic Associate Member or full Member. To apply for Student Membership, fill out Parts I and II of the application; to apply for Associate, Corresponding Electronic Associate, or full Membership, or to transfer to these grades, fill out Parts I and III.

BENEFITS OF MEMBERSHIP	Full Member	Associate	ce-Associate	Student
JASA Online–Vol. 1 (1929) to present	*	*	*	*
JASA tables of contents e-mail alerts	*	*	*	*
JASA, printed or CD ROM	*	*		
JASA Express Letters–online	*	*	*	*
Acoustics Today–the quarterly magazine	*	*	*	*
Proceedings of Meetings on Acoustics	*	*	*	*
Noise Control and Sound, It's Uses and Control–online archival magazines	*	*	*	*
Acoustics Research Letters Online (ARLO)–online archive	*	*	*	*
Programs for Meetings	Online	Online	Online	Online
Meeting Calls for Papers	Online	Online	Online	Online
Reduced Meeting Registration Fees	*	*		*
5 Free ASA standards per year–download only	*	*		*
Standards Discounts	*	*		*
Society Membership Directory	Online	Online	Online	Online
Electronic Announcements	*	*	*	*
Physics Today	*	*	*	*
Eligibility to vote and hold office in ASA	*			
Eligibility to be elected Fellow	*	*		
Participation in ASA Committees	*	*	*	*

QUALIFICATIONS FOR EACH GRADE OF MEMBERSHIP AND ANNUAL DUES

Student: Any student interested in acoustics who is enrolled in an accredited college or university for half time or more (at least eight semester hours). Dues: \$45 per year.

Associate: Any individual interested in acoustics. Dues: \$95 per year. After five years, the dues of an Associate increase to that of a full Member.

Corresponding Electronic Associate: Any individual residing in a developing country who wishes to have access to ASA's online publications only including *The Journal of the Acoustical Society of America* and Meeting Programs [see http://acousticalsociety.org/membership/membership_and_benefits]. Dues \$45 per year.

Member: Any person active in acoustics, who has an academic degree in acoustics or in a closely related field or who has had the equivalent of an academic degree in scientific or professional experience in acoustics, shall be eligible for election to Membership in the Society. A nonmember applying for full Membership will automatically be made an interim Associate Member, and must submit \$95 with the application for the first year's dues. Election to full Membership may require six months or more for processing; dues as a full Member will be billed for subsequent years.

JOURNAL OPTIONS AND COSTS FOR FULL MEMBERS AND ASSOCIATE MEMBERS ONLY

- **ONLINE JOURNAL.** All members will receive access to the *The Journal of the Acoustical Society of America (JASA)* at no charge in addition to dues.
- **PRINT JOURNAL.** Twelve monthly issues of *The Journal of the Acoustical Society of America*. **Cost: \$35 in addition to dues.**
- **CD-ROM.** The CD ROM mailed bimonthly. This option includes all of the material published in the Journal on CD ROM. **Cost: \$35 in addition to dues.**
- **COMBINATION OF THE CD-ROM AND PRINTED JOURNAL.** The CD-ROM mailed bimonthly and the printed journal mailed monthly. **Cost: \$70 in addition to dues.**
- **EFFECTIVE DATE OF MEMBERSHIP.** If your application for membership and dues payment are received by 15 September, your membership and Journal subscription will begin during the current year and you will receive all back issues for the year. If you select the print journal option. If your application is received after 15 September, however, your dues payment will be applied to the following year and your Journal subscription will begin the following year.

OVERSEAS AIR DELIVERY OF JOURNALS

Members outside North, South, and Central America can choose to have print journals sent by air freight at a cost of \$165 in addition to dues. JASA on CD-ROM is sent by air mail at no charge in addition to dues.

ACOUSTICAL SOCIETY OF AMERICA

1305 Walt Whitman Road, Suite 300, Melville, NY 11747-4300, asa@aip.org

For Office Use Only
Dues Rcvd _____
Aprvd by Ed _____
Aprvd by EC _____

APPLICATION FOR MEMBERSHIP

Applicants may apply for one of four grades of membership, depending on their qualifications: Student Member, Associate Member, Corresponding Electronic Associate Member or full Member. To apply for Student Membership, fill out Parts I and II of this form; to apply for Associate, Corresponding Electronic Associate, or full Membership, or to transfer to these grades, fill out Parts I and III.

PART I. TO BE COMPLETED BY ALL APPLICANTS (Please print or type all entries)

CHECK ONE BOX IN EACH COLUMN ON THE RIGHT	<input type="checkbox"/> NON-MEMBER APPLYING FOR: <input type="checkbox"/> MEMBER REQUESTING TRANSFER TO:	<input type="checkbox"/> STUDENT MEMBERSHIP <input type="checkbox"/> ASSOCIATE MEMBERSHIP <input type="checkbox"/> CORRESPONDING ELECTRONIC ASSOCIATE MEMBERSHIP <input type="checkbox"/> FULL MEMBERSHIP	Note that your choice of journal option <i>may</i> increase or decrease the amount you must remit.
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SELECT JOURNAL OPTION:

Student members will automatically receive access to The Journal of the Acoustical Society of America online at no charge in addition to dues. Remit \$45. (Note: Student members may also receive the Journal on CD ROM at an additional charge of \$35.)

Corresponding Electronic Associate Members will automatically receive access to The Journal of the Acoustical Society of America and Meeting Programs online at no charge in addition to dues. Remit \$45.

Applicants for **Associate or full Membership** must select one Journal option from those listed below. Note that your selection of journal option determines the amount you must remit.

- | | |
|---|--|
| <input type="checkbox"/> Online access only—\$95
<input type="checkbox"/> Online access plus print Journal \$130
<input type="checkbox"/> Online access plus CD ROM—\$130
<input type="checkbox"/> Online access plus print Journal and CD ROM combination—\$165 | Applications received after 15 September: Membership and Journal subscriptions begin the following year. |
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OPTIONAL AIR DELIVERY: Applicants from outside North, South, and Central America may choose air freight delivery of print journals for an additional charge of \$165. If you wish to receive journals by air, remit the additional amount owed with your dues. JASA on CD-ROM is sent by air mail at no charge in addition to dues.

LAST NAME	FIRST NAME	MIDDLE INITIAL	MS/MR/MRS/DR/PROF
HOME ADDRESS (STREET & NUMBER)			
CITY	STATE OR PROVINCE	ZIP OR POSTAL CODE	COUNTRY
NAME OF ORGANIZATION OR BUSINESS			
DEPARTMENT			
ORGANIZATION ADDRESS (STREET & NUMBER)			
CITY	STATE OR PROVINCE	ZIP OR POSTAL CODE	COUNTRY
BUSINESS TELEPHONE: AREA CODE/NUMBER	MOBILE PHONE: AREA CODE/NUMBER	HOME TELEPHONE: AREA CODE/NUMBER	
E-MAIL ADDRESS: (PRINT CLEARLY)			
DATE AND PLACE OF BIRTH (Req'd for Awards and Emeritus Status)		SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	
HIGHEST ACADEMIC DEGREE	MONTH/YEAR	FIELD	INSTITUTION GRANTING DEGREE
OTHER DEGREE	DATE OF DEGREE	FIELD	INSTITUTION GRANTING DEGREE

CHECK PREFERRED ADDRESS FOR MAIL: HOME ORGANIZATION

Part I Continued →

PART I CONTINUED: ACOUSTICAL AREAS OF INTEREST TO APPLICANT. Indicate your three main areas of interest below, using 1 for your main interest, 2 for your second, and 3 for your third interest. (DO NOT USE CHECK MARKS.)

- | | | |
|---|---|--|
| <input type="checkbox"/> ACOUSTICAL OCEANOGRAPHY M | <input type="checkbox"/> MUSICAL ACOUSTICS C | <input type="checkbox"/> SIGNAL PROCESSING IN ACOUSTICS N |
| <input type="checkbox"/> ANIMAL BIOACOUSTICS L | <input type="checkbox"/> NOISE & NOISE CONTROL D | <input type="checkbox"/> SPEECH COMMUNICATION H |
| <input type="checkbox"/> ARCHITECTURAL ACOUSTICS A | <input type="checkbox"/> PHYSICAL ACOUSTICS E | <input type="checkbox"/> STRUCTURAL ACOUSTICS |
| <input type="checkbox"/> BIOMEDICAL ACOUSTICS K | <input type="checkbox"/> PSYCHOLOGICAL & | <input type="checkbox"/> & VIBRATION G |
| <input type="checkbox"/> ENGINEERING ACOUSTICS B | PHYSIOLOGICAL ACOUSTICS F | <input type="checkbox"/> UNDERWATER ACOUSTICS J |

PART II: APPLICATION FOR STUDENT MEMBERSHIP

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY WHERE PRESENTLY ENROLLED		
DEGREE EXPECTED	MONTH & YEAR DEGREE EXPECTED	NUMBER OF SEMESTER HOURS ATTENDED THIS SEMESTER
PRINT NAMES & E-MAIL ADDRESSES OF TWO FACULTY MEMBERS CERTIFYING THAT YOU ARE REGISTERED FOR AT LEAST ONE-HALF OF FULL TIME		
SIGNATURES OF THE TWO FACULTY MEMBERS LISTED ABOVE CERTIFYING THAT YOU ARE REGISTERED AT LEAST HALF TIME		
SIGNATURE OF APPLICANT		DATE

PART III: APPLICATION FOR ASSOCIATE MEMBERSHIP, CORRESPONDING ELECTRONIC ASSOCIATE MEMBERSHIP OR FULL MEMBERSHIP (and interim Associate Membership)

SUMMARIZE YOUR MAJOR PROFESSIONAL EXPERIENCE on the lines below: list employers, duties and position titles, and dates, beginning with your present position. Attach additional sheets if more space is required.

CONTRIBUTIONS TO ACOUSTICS: LIST MAIN PUBLICATIONS, PATENTS, ETC. Attach separate sheets if required.

SPONSORS AND REFERENCES: An application for full Membership requires the names, addresses, and signatures of two references who must be **full Members or Fellows** of the Acoustical Society. Names and signatures are **NOT** required for Associate Membership, Corresponding Electronic Associate Membership or Student Membership applications.

PRINT NAME OF REFERENCE (required for Full Member applications only)	PRINT NAME OF SECOND REFERENCE (required for Full Member applications only)
ADDRESS OF REFERENCE	ADDRESS OF SECOND REFERENCE
SIGNATURE OF REFERENCE (required for Full Member applications only)	SIGNATURE OF SECOND REFERENCE (required for Full Member applications only)
SIGNATURE OF APPLICANT	
DATE	

MAIL THIS COMPLETED APPLICATION, WITH APPROPRIATE PAYMENT TO: ACOUSTICAL SOCIETY OF AMERICA, 1305 WALT WHITMAN ROAD, SUITE 300, MELVILLE, NY 11747-4300.

METHOD OF PAYMENT

Check or money order enclosed for \$ _____ (U.S. funds/drawn on U.S. bank)

American Express VISA MasterCard Signature _____

(Credit card orders must be signed)

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiration Date

Mo. Yr.

Security Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Due to security risks and Payment Card Industry (PCI) data security standards e-mail is **NOT** an acceptable way to transmit credit card information. Please return this form by Fax (631-923-2875) or by postal mail.