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.

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<tr>
<th>BENEFITS OF MEMBERSHIP</th>
<th>full Member</th>
<th>Associate</th>
<th>ce-Associate</th>
<th>Student</th>
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<td>JASA Online–Vol. 1 (1929) to present</td>
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<td>Reduced Meeting Registration Fees</td>
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<td>Physics Today</td>
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<td>Eligibility to vote and hold office in ASA</td>
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<td>Eligibility to be elected Fellow</td>
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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: $50 per year.

Associate: Any individual interested in acoustics. Dues: $125 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 $50 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 $125 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.
- 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 $185 in addition to dues. JASA on CD-ROM is sent by air mail at no charge in addition to dues.
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

☐ NON-MEMBER APPLYING FOR:

☐ STUDENT MEMBERSHIP

☐ MEMBER REQUESTING TRANSFER TO:

☐ ASSOCIATE MEMBERSHIP

☐ CORRESPONDING ELECTRONIC

ASSOCIATE MEMBERSHIP

☐ FULL MEMBERSHIP

Note that your choice of journal option may increase or decrease the amount you must remit.

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 $50.

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 $50.

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.

☐ Online access only—$125

☐ Online access plus print Journal $160

Applications received after 15 September: Membership and Journal subscriptions begin the following year.

OPTIONAL AIR DELIVERY: Applicants from outside North, South, and Central America may choose air freight delivery of print journals for an additional charge of $185. If you wish to receive journals by air, remit the additional amount owed with your dues.

CHECK ONE BOX IN EACH COLUMN ON THE RIGHT

☐ NON-MEMBER APPL YING FOR:

☐ STUDENT MEMBERSHIP

☐ ASSOCIATE MEMBERSHIP

☐ CORRESPONDING ELECTRONIC ASSOCIATE MEMBERSHIP

☐ FULL MEMBERSHIP

Note that your choice of journal option may increase or decrease the amount you must remit.

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

BIZINESS TELEPHONE: AREA CODE/NUMBER  FAX: AREA CODE/NUMBER  HOME TELEPHONE: AREA CODE/NUMBER

E-MAIL ADDRESS: (PRINT CLEARLY)  MOBILE PHONE: AREA CODE/NUMBER

DATE AND PLACE OF BIRTH (Req’d for Awards and Emeritus Status)  SEX: ☐ Female  ☐ Male

HIGHEST ACADEMIC DEGREE  DATE OF DEGREE  FIELD  INSTITUTION GRANTING DEGREE

OTHER DEGREE  MONTH/YEAR  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.)

- □ ACOUSTICAL OCEANOGRAPHY
- □ ANIMAL BIOACOUSTICS
- □ ARCHITECTURAL ACOUSTICS
- □ BIOMEDICAL ACOUSTICS
- □ COMPUTATIONAL ACOUSTICS
- □ ENGINEERING ACOUSTICS
- □ MUSICAL ACOUSTICS
- □ NOISE & NOISE CONTROL
- □ PHYSICAL ACOUSTICS
- □ PSYCHOLOGICAL & PHYSIOLOGICAL ACOUSTICS
- □ SIGNAL PROCESSING IN ACOUSTICS
- □ SPEECH COMMUNICATION
- □ STRUCTURAL ACOUSTICS
- □ VIBRATION
- □ UNDERWATER ACOUSTICS

PART II: APPLICATION FOR STUDENT MEMBERSHIP

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<thead>
<tr>
<th>NAME AND ADDRESS OF COLLEGE OR UNIVERSITY WHERE PRESENTLY ENROLLED</th>
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<tr>
<td>DEGREE EXPECTED</td>
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<tr>
<td>PRINT NAMES &amp; E-MAIL ADDRESSES OF TWO FACULTY MEMBERS CERTIFYING THAT YOU ARE REGISTERED FOR AT LEAST ONE-HALF OF FULL TIME</td>
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<tr>
<td>SIGNATURES OF THE TWO FACULTY MEMBERS LISTED ABOVE CERTIFYING THAT YOU ARE REGISTERED AT LEAST HALF TIME</td>
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<tr>
<td>SIGNATURE OF APPLICANT</td>
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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.

SPONSORS AND REFERENCES: An application for full Membership requires the names, and email addresses 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.

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.)

MAIL THIS COMPLETED APPLICATION, WITH APPROPRIATE PAYMENT TO: ACOUSTICAL SOCIETY OF AMERICA, 1305 WALT WHITMAN ROAD, SUITE 110, MELVILLE, NY 11747-4300; FAX: 631-923-2875

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)

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<th>Account Number</th>
<th>Expiration Date</th>
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Cardholder Name and Billing Address

Name:__________________________________________

Street:__________________________________________ City/State_______________________________ Zip Code:______________

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.