2023 Membership & Renewal Form

1400 S. Lake Shore Drive • Chicago, IL 60605 • USA
312-379-9531 • cmulvaney@americanornithology.org

(required fields)

**FIRST NAME** ___________________________ MI ___ **LAST NAME** ___________________________

*ADDRESS LINE 1* ___________________________  Home Address  ___________________________

ADDRESS LINE 2  ___________________________

*CITY* ___________________________  Work Address  ___________________________

STATE  ___________________________

*ZIP / POSTAL CODE* ___________________________  COUNTRY  ___________________________

List in member directory  ☐ Yes  ☐ No  ☐ Yes  ☐ No

Primary address for AOS mail  ☐ Yes  ☐ No  ☐ Yes  ☐ No

PHONE  ☐ Home  ☐ Work  ☐ Cell  ☐ Home  ☐ Work  ☐ Cell

EMAIL(s)  ___________________________

TWITTER  ___________________________  INSTAGRAM  ___________________________  ORCID  ___________________________

MEMBERS LIVING OUTSIDE THE UNITED STATES, please write your address here in the correct format/language:

Any additional notes:
DEMOGRAPHIC INFORMATION
AOS seeks to foster diversity and inclusion across the society and ornithology in general. We ask the following questions to help guide efforts in support of this goal. This information enables leadership and staff to better understand the membership, identify opportunities for improved offerings and services, and more effectively target communications. Information collected will only be used in aggregate analyses with no identifying information.

CURRENT STATUS – if your choice is not available, you must download a different form
- Pre-College Student
- Undergraduate Student
- Masters Student
- PhD Student
- Postdoc
- Between Degree-Seeking Programs (student)
- Retired or Emeritus (any sector)
- < or = 5 years post terminal degree (any sector)
- > 5 years post terminal degree (any sector)

PRIMARY AFFILIATION DESCRIPTION (SELECT ONE)
- Academic Institution: 4-year with graduate program
- Academic Institution: 4-year without graduate program
- Academic Institution: 2-year
- Pre-college educational institution
- Federal Government Agency
- Local/State Government Agency
- Industry
- Consulting
- Museum
- Non-profit organization
- Self-employed
- Retired

PROFESSIONAL OR EDUCATIONAL ACTIVITY (SELECT UP TO 3)
- Academic/Formal Educator
- Non-formal Educator
- Research Scientist
- Research Technician
- Collections Curator
- Administrator/Manager
- Director/Executive
- Policy/Advocacy
- Natural Resources/Wildlife Manager
- Industry Professional / Consultant
- Other

SELECT THE RANGE OF YEARS THAT INCLUDES YOUR YEAR OF BIRTH
- 2002 or later
- 1992 - 2001
- 1982 - 1991
- 1972 - 1981
- 1962 – 1971
- Before 1962
- Prefer not to disclose

*GENDER IDENTITY THAT BEST DESCRIBES YOU
- Woman
- Man
- Two Spirit
- Questioning
- Agender
- Androgyne
- Demigender
- Non-binary
- Genderqueer or Gender Fluid
- Prefer not to say
- Prefer to Self-describe: ______________________

Why we ask for this information:
The following helps AOS leaders and staff use the most respectful language when addressing you.

*PREFERRED PRONOUNS
- She
- They
- He
- Ze
- None of the above, I prefer: ______________________
- Prefer not to say
- No pronoun preference

COUNTRY OF ORIGIN (NATIONALITY)

HOW WOULD YOU DESCRIBE YOURSELF? PLEASE CHECK ALL THAT APPLY.
- Asian
- Black
- Hispanic
- Native American or First Nation
- Latinx
- Middle Eastern or North African
- White
- Native Hawaiian / Pacific Islander

Please specify here: ______________________

HIGHEST DEGREE HELD
- High School Diploma
- Associate’s Degree
- Bachelor’s Degree
- Master’s Degree
- Doctoral Degree
- Other Professional Graduate Degree
- Not Applicable

DATE OF YOUR HIGHEST DEGREE
MONTH ________________ YEAR ________________

I HAVE BEEN AN AOS MEMBER (INCLUDING AOU OR COS) FOR 40 YEARS OR MORE.
- YES
- NO
PLEASE SELECT YOUR MEMBERSHIP LEVEL

All members have free access to the content of Ornithology and Ornithological Applications online. Access instructions can be found on the AOS website (www.americanornithology.org).

☐ Special Country Membership........................................................................................................................................... $32.00
Available to individuals who are residents of countries other than the United States, Canada, Israel, Japan, Australia, New Zealand, and the following Western European countries: Iceland, Norway, Sweden, Finland, Denmark, Germany, The Netherlands, Belgium, Luxembourg, France, the United Kingdom, Ireland, Switzerland, Austria, Italy, Spain, and Portugal.

☐ Regular Membership.......................................................................................................................................................... $90.00
For individuals who do not choose or qualify for another membership category.
PLEASE FILL OUT REGULAR FORM INSTEAD

☐ Family Membership – 2nd member............................................................................................................................................... $32.00
A second regular membership from the same household qualifies as a family member.
PLEASE FILL OUT REGULAR FORM INSTEAD

☐ Pre-College/Undergraduate Student Membership................................................................. $14.00
Available to (1) currently enrolled pre-college or undergraduate students in any country, at any level and (2) recent graduates of undergraduate programs who are between degree-seeking programs and intend to re-enter a degree program in the future.
PLEASE FILL OUT STUDENT RENEWAL FORM INSTEAD

☐ Graduate Student/Postdoc Membership.................................................................................. $28.00
Available to (1) postdocs and currently enrolled graduate students in any country, at any level and (2) recent graduates of graduate-level programs who are between degree-seeking programs and intend to re-enter a degree program in the future.
PLEASE FILL OUT STUDENT RENEWAL FORM INSTEAD

☐ Early Professional Membership................................................................................................. $55.00
Available to individuals who have completed their terminal degree within the past five years.
PLEASE FILL OUT REGULAR FORM INSTEAD

☐ Emeritus / Retired Membership................................................................................................................................. $32.00
Available to individuals who are retired and/or have been an AOS member (including AOU or COS) for 40 years or more. The society salutes your longstanding membership and steadfast commitment to the profession!
PLEASE FILL OUT REGULAR FORM INSTEAD

☐ Life Membership......................................................................................................................................................... $2,880.00
Payment may be made in a one-time payment or in four installments of $720. Life memberships require no annual renewal, and the fee contributes directly to AOS’s Council-designated General Endowment Fund.
PLEASE FILL OUT REGULAR FORM INSTEAD

☐ Contributing Membership......................................................................................................................... $500 | $750 | $1000 | Other ($500 minimum)
For individuals wishing to provide a higher level of annual support to the Society (includes a 1-year membership in the AOS through 12/31/21). Minimum Patron contribution $500. Contributing members are recognized annually on our website. The contribution value of the membership is tax deductible to the full extent of the law.
PLEASE FILL OUT REGULAR FORM INSTEAD

MEMBERSHIP DUES & OPTIONS

Membership Dues Amount (from above) .................................................................................................................. $__________

Additional Donations

Unrestricted Operating Fund ................................................................................................................................. $__________
Council-Designated General Endowment Fund .................................................................................................... $__________

Total in U.S. Dollars .................................................................................................................. $__________

JOIN OR RENEW ONLINE AT: AMERICANORNITHOLOGY.ORG

OR SEND THIS FORM WITH REMITTANCE TO: American Ornithological Society, 1400 S. Lake Shore Dr., Chicago, IL 60605-2827 USA. Make your check payable in US dollars to American Ornithological Society. Checks must be drawn on a U.S. or Canadian bank.