

# 2024 Membership & Renewal Form

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\*required fields

\*FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ \*LAST NAME \_\_\_\_\_

Home Address Work Address

\*ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

\*CITY \_\_\_\_\_

STATE \_\_\_\_\_

\*ZIP / POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

List in member directory  Yes  No

Primary address for AOS mail  Yes  No

PHONE  Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_

EMAIL(s) \_\_\_\_\_

TWITTER \_\_\_\_\_ INSTAGRAM \_\_\_\_\_ ORCID ID \_\_\_\_\_

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

## 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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pre-College Student   | <input type="checkbox"/> Postdoc                                     | <input checked="" type="checkbox"/> < or = 5 years post terminal degree (any sector) |
| <input type="checkbox"/> Undergraduate Student | <input type="checkbox"/> Between Degree-Seeking Programs (student)   | <input checked="" type="checkbox"/> > 5 years post terminal degree (any sector)      |
| <input type="checkbox"/> Masters Student       | <input checked="" type="checkbox"/> Retired or Emeritus (any sector) |  |
| <input type="checkbox"/> PhD Student           |  |  |

SELECT THE RANGE OF YEARS THAT INCLUDES YOUR YEAR OF BIRTH

- |  |                                      |                                      |   |
|--|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> 2002 or later | <input type="checkbox"/> 1982 - 1991 | <input type="checkbox"/> 1962 – 1971 | <input type="checkbox"/> Prefer not to disclose |
| <input type="checkbox"/> 1992 - 2001   | <input type="checkbox"/> 1972 - 1981 | <input type="checkbox"/> Before 1962 |   |

**\*GENDER IDENTITY THAT BEST DESCRIBES YOU**

- Woman
- Man
- Two Spirit
- Questioning
- Agender
- Androgynous
- 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
  - He
  - They
  - 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
  - Indigenous (please specify)
  - Other race, ethnicity, or origin (please specify)
- 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 \_\_\_\_\_

**STUDENT/POSTDOC INFORMATION**

*Please complete the following if you are selecting a student or postdoc membership level.*

INSTITUTION/UNIVERSITY NAME \_\_\_\_\_

**CURRENT STUDENT/POSTDOC STATUS**

- Pre-college student
- Undergraduate student
- Masters student
- PhD student
- Post-doc
- Individual between degree-seeking programs

**FOR INDIVIDUALS BETWEEN DEGREE-SEEKING PROGRAMS**

*What stage of your academic path will you be entering next?*

- Undergraduate program
- Masters program
- PhD or other graduate program
- Post-doc program

**ANTICIPATED GRADUATION DATE or END DATE OF POST-DOC POSITION**

*Individuals between degree programs should provide date of their most recent degree*

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**ACADEMIC ADVISOR/SUPERVISOR**

*Postdocs should provide the information of their current supervisor.*

*Individuals between degree-seeking programs should provide the information of their previous advisor.*

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

Any additional notes:

## 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](http://www.americanornithology.org)).

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/>            | <b>Pre-College/Undergraduate Student Membership</b> .....  | \$14.00  |
|                                     | <i>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.</i>  |  |
| <input type="checkbox"/>            | <b>Graduate Student/Postdoc Membership</b> .....   | \$28.00  |
|                                     | <i>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.</i>  |  |
| <input checked="" type="checkbox"/> | <b>Regular Membership</b> .....  | \$90.00  |
|                                     | <i>For individuals who do not choose or qualify for another membership category.</i>   |  |
|                                     | PLEASE FILL OUT REGULAR FORM INSTEAD   |  |
| <input checked="" type="checkbox"/> | <b>Family Membership – 2nd member</b> .....  | \$32.00  |
|                                     | <i>A second regular membership from the same household qualifies as a family member.</i>   |  |
|                                     | PLEASE FILL OUT REGULAR FORM INSTEAD   |  |
| <input checked="" type="checkbox"/> | <b>Early Professional Membership</b> .....   | \$55.00  |
|                                     | <i>Available to individuals who have completed their terminal degree within the past five years.</i>   |  |
|                                     | PLEASE FILL OUT REGULAR FORM INSTEAD   |  |
| <input checked="" type="checkbox"/> | <b>Emeritus / Retired Membership</b> .....   | \$32.00  |
|                                     | <i>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!</i>   |  |
|                                     | PLEASE FILL OUT REGULAR FORM INSTEAD   |  |
| <input checked="" type="checkbox"/> | <b>Special Country Membership</b> .....  | \$32.00  |
|                                     | <i>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.</i> |  |
|                                     | PLEASE FILL OUT SPECIAL COUNTRIES FORM INSTEAD   |  |
| <input checked="" type="checkbox"/> | <b>Life Membership</b> .....   | \$2,880.00                                     |
|                                     | <i>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.</i>  |  |
|                                     | PLEASE FILL OUT REGULAR FORM INSTEAD   |  |
| <input checked="" type="checkbox"/> | <b>Contributing Membership</b> .....   | \$500   \$750   \$1000   Other (\$500 minimum) |
|                                     | <i>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.</i>                            |  |
|                                     | 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.