

2025 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 _____

Home Address

Work Address

*ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

*CITY _____

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 _____ EMAIL(s) _____

TWITTER _____ INSTAGRAM _____ ORCID ID _____

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

- | | |
|---|--|
| <input type="checkbox"/> < or = 5 years post terminal degree (any sector) | <input type="checkbox"/> > 5 years post terminal degree (any sector) |
| <input type="checkbox"/> Postdoc | <input type="checkbox"/> Retired or Emeritus (any sector) |

PRIMARY AFFILIATION DESCRIPTION (SELECT ONE)

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic Institution: 4-year with graduate program | <input type="checkbox"/> Local/State Government Agency | <input type="checkbox"/> Museum |
| <input type="checkbox"/> Academic Institution: 4-year without graduate program | <input type="checkbox"/> Industry | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Academic Institution: 2-year | <input type="checkbox"/> Consulting | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Pre-college educational institution | <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Other |
| <input type="checkbox"/> Federal Government Agency | | |

PROFESSIONAL OR EDUCATIONAL ACTIVITY (SELECT UP TO 3)

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic/Formal Educator | <input type="checkbox"/> Collections Curator | <input type="checkbox"/> Natural Resources/Wildlife Manager |
| <input type="checkbox"/> Non-formal Educator | <input type="checkbox"/> Administrator/Manager | <input type="checkbox"/> Industry Professional / Consultant |
| <input type="checkbox"/> Research Scientist | <input type="checkbox"/> Director/Executive | <input type="checkbox"/> Other |
| <input type="checkbox"/> Research Technician | <input type="checkbox"/> Policy/Advocacy | |

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

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Agender | <input type="checkbox"/> Genderqueer or Gender Fluid |
| <input type="checkbox"/> Man | <input type="checkbox"/> Androgyne | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Two Spirit | <input type="checkbox"/> Demigender | <input type="checkbox"/> Prefer to Self-describe: _____ |
| <input type="checkbox"/> Questioning | <input type="checkbox"/> Non-binary | |

Why we ask for this information:

The following helps AOS leaders and staff use the most respectful language when addressing you.

*PREFERRED PRONOUNS

- | | | |
|------------------------------|-------------------------------|---|
| <input type="checkbox"/> She | <input type="checkbox"/> They | <input type="checkbox"/> None of the above, I prefer: _____ |
| <input type="checkbox"/> He | <input type="checkbox"/> Ze | <input type="checkbox"/> Prefer not to say |
| | | <input type="checkbox"/> No pronoun preference |

COUNTRY OF ORIGIN (NATIONALITY) _____

HOW WOULD YOU DESCRIBE YOURSELF? PLEASE CHECK ALL THAT APPLY.

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black | <input type="checkbox"/> Indigenous (please specify) |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American or First Nation | <input type="checkbox"/> Other race, ethnicity, or origin (please specify) |
| <input type="checkbox"/> Latinx | <input type="checkbox"/> Middle Eastern or North African | |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian / Pacific Islander | Please specify here: _____ |

HIGHEST DEGREE HELD

- | | | |
|--|--|---|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Other Professional Graduate Degree |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Doctoral Degree | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Bachelor's Degree | | |

DATE OF YOUR HIGHEST DEGREE MONTH _____ YEAR _____

I HAVE BEEN AN AOS MEMBER (INCLUDING AOU OR COS) FOR 40 YEARS OR MORE. YES NO

POSTDOC INFORMATION

Please provide the following information if you are a current postdoc.

INSTITUTION/UNIVERSITY NAME _____

ANTICIPATED END DATE OF POSTDOC POSITION

MONTH: _____ YEAR: _____

CURRENT SUPERVISOR FOR YOUR POSTDOC POSITION

NAME _____ EMAIL _____

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).

- Regular Membership**..... \$90.00
For individuals who do not choose or qualify for another membership category.
- Family Membership – 2nd member**..... \$32.00
A second regular membership from the same household qualifies as a family member.
- Early Professional / Postdoc Membership**..... \$55.00
Available to individuals who have completed their terminal degree within the past five years.
- 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!
- 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.
- 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 Dec 31). 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.
- Student Membership**..... \$25.00
*Available to any currently enrolled students (pre-college, undergraduate, graduate) or recent graduates who are between degree-seeking programs and intend to re-enter a degree program in the future. **STUDENTS SHOULD FILL OUT THE STUDENT RENEWAL FORM INSTEAD***

Special Country Discount: Individuals from qualifying special countries receive a 75% discount on their annual membership fee. To be eligible, the individual’s HOME address must be in a country with one of the following economic designations as determined by the World Bank: (1) low-income economy, (2) lower-middle income economy, or (3) upper-middle-income economy.

PLEASE COMPLETE THIS SECTION IF YOU ARE SELECTING A FAMILY MEMBERSHIP LEVEL

NAME OF THE PRIMARY REGULAR MEMBER TO WHOM THIS FAMILY MEMBERSHIP IS TIED _____

MEMBER ID OF THE REGULAR MEMBER TO WHOM THIS FAMILY MEMBERSHIP IS TIED _____

MEMBERSHIP DUES & OPTIONS

Membership Dues Amount (from above) \$ _____

Special Country Discount (see criteria above for eligibility)

If eligible, enter your Special Country discount here, calculated at 75% of the relevant membership level. E.g., a Regular Membership would receive a discount of \$67.50 so that their final fee entered below would be \$22.50.

(\$ _____) Discount

Additional Donations

Unrestricted Operating Fund \$ _____

Council-Designated General Endowment Fund \$ _____

COVID Relief 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 the American Ornithological Society. Checks must be drawn on a U.S. or Canadian bank. Please allow 3-4 weeks processing time for your account to be updated when renewing by mail. You may receive additional renewal reminders until your check has been processed.