

# 2026 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	
*******************		lome Address		Work Address
*ADDRESS LINE 1				
ADDRESS LINE 2				
*CITY				
STATE				
*ZIP / POSTAL CODE				
COUNTRY				
List in member directory		<ul><li>Yes</li><li>No</li></ul>		<ul><li>Yes</li><li>No</li></ul>
Primary address for AOS mail		<ul><li>Yes</li><li>No</li></ul>		<ul><li>Yes</li><li>No</li></ul>
PHONE	☐ Home ☐ Work ☐ Cell		EMAIL(s)	
TWITTER		INSTAGRAM	OR	CID
MEMBERS LIVING OL	ITSIDE THE UN	ITED STATES, please v	write your address here i	n 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.

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## \*CURRENT STATUS – if your choice is not available, you must download a different form

- < or = 5 years post terminal degree (any sector)
- Postdoc

- > 5 years post terminal degree (any sector)
- Retired or Emeritus (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 •
- Museum Self-employed Retired
  - Industry Consulting Non-profit organization Other

# 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

#### SELECT THE RANGE OF YEARS THAT INCLUDES YOUR YEAR OF BIRTH

- 2012 or later 2002 to 2011
- 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
- Gendergueer 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**
- Thev
- None of the above. I prefer:
- Prefer not to say
- No pronoun preference

- She
- He
- Ze

COUNTRY OF ORIGIN (NATIONALITY)			
HOW WOULD YOU DESCRIBE YOURSELF? PLEASE CHECK	< ALL THAT APPLY.		
<ul> <li>Asian</li> <li>Hispanic</li> <li>Latinx</li> <li>White</li> <li>Black</li> <li>Native American or First Nation</li> <li>Middle Eastern or North African</li> <li>Native Hawaiian / Pacific Islander</li> </ul>	<ul> <li>Indigenous (please specify)</li> <li>Other race, ethnicity, or origin (please specify)</li> </ul> Please specify here:		
HIGHEST DEGREE HELD			
<ul> <li>High School Diploma</li> <li>Associate's Degree</li> <li>Bachelor's Degree</li> </ul> <ul> <li>Master's Degree</li> <li>Doctoral Degree</li> </ul>	<ul> <li>Other Professional Graduate Degree</li> <li>Not Applicable</li> </ul>		
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 post	doc.		
INSTITUTION/UNIVERSITY NAME			
ANTICIPATED END DATE OF POSTDOC POSITION			
MONTH:YEAR:			
CURRENT SUPERVISOR FOR YOUR POSTDOC POSITION			
NAME EM	AIL		

## PLEASE SELECT YOUR MEMBERSHIP LEVEL

All members have free access to the	ne content of Ornithology and	Ornithological	Applications online.	Access instructions
can be found on the AOS website	www.americanornithology.org	٦).		

•	Regular Membership For individuals who do not choose or qualify for another membership category.	\$90.00
•	Family Membership – 2nd member.  A second regular membership from the same household qualifies as a family member.	\$32.00
•	Early Professional / Postdoc Membership	\$55.00
•	Emeritus / Retired Membership	\$32.00
•	Life Membership  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.	\$2,880.00
•	Contributing Membership	embership d annually
	Student Membership  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	\$25.00

**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)	(\$	_)	Discount
If eligible, enter your Special Country discount on the line to the right, 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.			
Additional Donations			
General Operating Fund	\$		
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 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.