



Microbeam Analysis Society

Incorporated in New York, 1968 ♦ FEIN 23-7044608

Membership Offices:

PMB #141, 2101 West Broadway, Columbia MO 65203-1261

New Member Application

I hereby apply for admission as a member of the Microbeam Analysis Society (MAS) and agree to be governed by the Constitution and Bylaws of the Society and to promote its aims and objectives.

Applicant Signature: _____ Date: _____

Contact Information (please type or print)

Name: _____

Affiliation: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Membership in Affiliated Societies (check all that apply)

I am a member of the Microscopy Society of America (MSA)

I am a member of a MAS Affiliated Regional Society: _____

Member Dues, Services, and Contributions

Amount

Membership Dues (choose one)

Regular (\$40)

Student (\$10) ... Faculty advisor: _____

I would like to receive a subscription to *Microscopy and Microanalysis (M&M)**:

Mailing address within the United States (\$20)

Mailing address outside of the United States (\$45)

* MSA members (check box above) already receive a subscription to *M&M* through their MSA dues

I wish to make a tax-deductible contribution[†]:

Chodos Fund (supports student activities)

Fiori Fund (supports technologist-oriented programming)

[†] Funds allocated at the discretion of MAS Council

TOTAL PAYMENT:

Method of Payment (Choose one: US dollars only)

Enclosed is my check drawn on a US bank and payable to the **Microbeam Analysis Society**

Please apply my payment to my credit card: Visa Mastercard

Card Number: _____ Expiration: _____

Cardholder name as it appears on card: _____

Billing Address if different than above: _____

Special Requests (Check all that apply)

I do not wish to be included on mailing labels that MAS makes available to our Sustaining Members as a benefit and to other companies for a fee.

I would like a formal receipt; my cancelled check or credit card statement is insufficient for this purpose.

Remission of Payment

For payment by credit card, this application form may be submitted to Lou Ross, Membership Services Chair, via one of three ways:

- E-mail to RossLM@missouri.edu ;
- Fax to +1 573 884 2227 ; or
- Postal service, at the Membership Offices address at the head of this form.

For payment by check, this application form must be submitted via postal service, as above.