

# MEMBERSHIP APPLICATION

To apply for membership, please complete the following information:

▲ Last Name                      ▲ First Name                      ▲ Middle Initial                      ▲ Highest Degree(s)

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▲ Address

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▲ Address

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▲ City                      ▲ State                      ▲ Zip Code                      ▲ Country

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▲ Daytime Phone                      ▲ Fax

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▲ E-mail

If you use your home address for mailing (above), please complete the following (this is for our directory records only; it will not change your mailing address):

▲ Professional Affiliation

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▲ Institution

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▲ Address

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▲ City                      ▲ State                      ▲ Zip Code                      ▲ Country

Check one (**PRIMARY** in each category):


<p><b>PRIMARY DISCIPLINE</b></p> <p><input type="checkbox"/> Anthropology</p> <p><input type="checkbox"/> Architecture/Housing</p> <p><input type="checkbox"/> Biology</p> <p><input type="checkbox"/> Economics</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Gerontology (Degree Program)</p> <p><input type="checkbox"/> Humanities &amp; Arts</p> <p><input type="checkbox"/> Law, Policy</p> <p><input type="checkbox"/> Medicine</p> <p><input type="checkbox"/> Nursing</p> <p><input type="checkbox"/> Nutrition</p> <p><input type="checkbox"/> Psychology</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> Recreation</p> <p><input type="checkbox"/> Social Work</p> <p><input type="checkbox"/> Sociology</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>INSTITUTION</b></p> <p><input type="checkbox"/> Community Center or Clinic</p> <p><input type="checkbox"/> Federal Government</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Long-Term Care</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Private Industry</p> <p><input type="checkbox"/> Private Practice</p> <p><input type="checkbox"/> State or Local Government</p> <p><input type="checkbox"/> University</p> <p><input type="checkbox"/> Other: _____</p> <p>_____          _____</p> <p><input type="checkbox"/> Name of Institution: _____</p> <p>_____          _____</p>	<p><b>FUNCTION</b></p> <p><input type="checkbox"/> Administration/Management</p> <p><input type="checkbox"/> Consulting</p> <p><input type="checkbox"/> Direct Service</p> <p><input type="checkbox"/> Patient Care</p> <p><input type="checkbox"/> Planning</p> <p><input type="checkbox"/> Research</p> <p><input type="checkbox"/> Teaching</p> <p><input type="checkbox"/> Other: _____</p> <p><b>ADVANCED DEGREE(S)</b>          (Check all that apply)    <input type="checkbox"/> MD    <input type="checkbox"/> PhD</p> <p><input type="checkbox"/> Masters: _____</p> <p>_____          _____</p> <p><input type="checkbox"/> Other Doctorate: _____</p> <p>_____</p>
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Students must submit copy of student ID and obtain signature of academic advisor. I hereby certify that the applicant is a full-time

Graduate                       Undergraduate student.

▲ Advisor's Signature                      ▲ Date

If referred by a GSA member, please enter name: \_\_\_\_\_

 The following questions are optional and responses are confidential; your assistance in providing this demographic information will be helpful to GSA in enhancing membership services.

Race:                      Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 American Indian or Alaska Native                      ▲ Month                      ▲ Day                      ▲ Year  
 Asian  
 Black or African American                      Ethnicity:                      Gender:  
 Native Hawaiian or Other Pacific Islander                       Hispanic/Latino                       Female  
 White                       Not Hispanic/Latino                       Male  
 More than one race

**Please complete all sections**  
**Section (Important, select one)**

Biological Sciences

Behavioral and Social Sciences

Health Sciences

Social Research, Policy and Practice

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**Renewing your membership, check here**

**Membership Type**

Regular 1-Year .....\$135

Transitional Student\* .....\$90

Student—must be enrolled full-time

Student (with journal hard copies).....\$65

Undergraduate (with on-line access to journals only) .....\$20

Spouse .....\$35

\* Current student member graduating from their degree program and transitioning to regular member status. Individuals are eligible for a maximum of two years.

**Promotion Code:** \_\_\_\_\_

Payment must accompany application. Checks or money orders must be in US currency, made payable to GSA.

Check or money order enclosed

Credit card (select one):

Visa     MasterCard     Amex

▲ Card Number

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▲ Expiration Date

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▲ Signature

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▲ Name as Shown on Card

Dues include UP TO 2 Journals (Select 0-2):

The Gerontologist

The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences

The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences

Check here to obtain all 3 Journals for an additional \$20

**Other GSA Publications**

Journal of Aging, Humanities, and the Arts

\$20

Gerontology News (Free to U.S. and Canadian members)

\$75 (Foreign subscriptions)

**AGHE Publications**

AGHEXchange (Quarterly Newsletter)

\$25 (U.S.)

\$30 (International)

\$12 Student/Retiree (U.S. Only)

**NAAS Publications**

Public Policy & Aging Report

\$39 (U.S. or Canada)

\$49 (Foreign subscriptions)

[GSA annual membership dues include the following reduced subscription fees which are not deductible from dues. Members are entitled to any two: The Gerontologist: \$32 (Regular) or \$17 (Student); The Journals of Gerontology, Series A: \$30 (Regular) or \$17 (Student); The Journals of Gerontology, Series B: \$30 (Regular) or \$17 (Student). Undergraduate members receive on-line access to two journals. Hard copies of journals will not be distributed to undergraduate members.]