The RNA Society
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WEBSITE: www.rnasociety.org

MEMBERSHIP APPLICATION:

New ☐ Renewal ☐

(Membership year is January – December)

Today's Date: _____

Name: _____ _____ _____
First Middle Last

Organization: _____

Address: _____

City _____ State: _____ Zip: _____

Country: _____

Telephone: _____

Telefax: _____

E-mail address: _____

Additional Information:

☐ MALE ☐ FEMALE Birth Year: _____ (optional)

PLEASE RETURN THIS APPLICATION WITH YOUR REMITTANCE

U.S. Currency ONLY (Checks to be drawn on a U.S. bank with MICR Encoded Number at bottom)

Make checks payable to: The RNA Society

For Wire Transfers, add $20 to your total payment to cover bank fees.

For Credit Card payments, see below

RNA Society Federal Tax ID: 84-1222776

MEMBERSHIP DUES

	One Year		Two Year		Three Year	
	Online Only	Print & Online	Online Only	Print & Online	Online Only	Print & Online
Full Member	☐ $ 180.00	☐ $ 240.00	☐ $ 324.00	☐ $ 432.00	☐ $ 470.00	☐ $ 626.00
Post Doc/Staff*	☐ $ 60.00	☐ $ 120.00	☐ $ 108.00	☐ $ 216.00	☐ $ 157.00	☐ $ 313.00
Graduate Student	☐ $ 50.00	☐ $ 110.00	☐ $ 90.00	☐ $ 198.00	☐ $ 131.00	☐ $ 287.00
Undergraduate Student	☐ $ 30.00	☐ $ 90.00	☐ $ 54.00	☐ $ 162.00	☐ $ 78.00	☐ $ 235.00
Emeritus**	☐ $ 60.00	☐ $ 120.00	☐ $ 108.00	☐ $ 216.00	☐ $ 157.00	☐ $ 313.00
Lifetime	☐ $ 2,500 for a lifetime membership that includes online access to *RNA* journal only.					

Total Payment: _____

* Students and Post Docs must complete box on lower portion of form

** Emeritus Member are individual scientists who are no longer employed–either through retirement or job loss–but who otherwise qualify for Regular Membership, are eligible to become Emeritus members. Evidence for such standing may be provided by endorsement of an individual's departmental chair, or by providing a written statement attesting to such status. Emeritus Members are not eligible to be elected to office.

CREDIT CARD INFORMATION: ☐ American Express ☐ VISA ☐ Master Card

Card Number _____ Expiration Date: _____ CVC _____

Name on Card _____

Authorized Signature _____

☐ **STUDENT** ☐ **POST DOC**

Institution _____ Department _____

Degree _____ Field _____ Pending Completion Date _____

Advisor Name: _____ Advisor Email _____

Signature of applicant's major research advisor: _____