College of DuPage Student Chapter of the American Meteorological Society

Membership Application				
Name:				
	Last		First	
Address:				
Address:				
Phone:	7			G 11
	Day	Evening		Cell
Ham Callsign(Option	al):			
National AMS Memb				
Email:	` * '			
Note: Your email address	will be added to our mailing list s	so that you will red	ceive notices abou	t meetings and other club events
Educational	School/City/State Years			Primary Focus of Study
History(<i>Optional</i>):	,		Attended	, , , , , , , , , , , , , , , , , , ,
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I have read and agree to abide by the requirements of the Constitution and By-Laws of the College of DuPage Student Chapter of the American Meteorological Society.				
College of DuPage St	audent Chapter of the Americ	can Meteorolog	gical Society.	
Signature of Member				
Office Use:				
Accepted:		Date:		
Paid:	Amount:	Date:		Method:
Renewal Date:				

Website Information:

COD AMS email address: cod.ams.officers@gmail.com COD AMS Student Chapter: http://weather.cod.edu/ams/ COD AMS Facebook Page: http://www.facebook.com/codams/ American Meteorological Society: www.ametsoc.org