

American Association of Phonetic Sciences
Application for Membership

Name:	Degree/ Title:
Affiliation:	
Type of Membership:	
<i>Professional</i> <input type="checkbox"/> <i>Renewal</i> (\$15 dues)	<i>Professional</i> <input type="checkbox"/> <i>New Member</i> (\$15 dues)
<i>Student</i> <input type="checkbox"/> <i>Renewal</i> (\$5 dues)	<i>Student</i> <input type="checkbox"/> <i>New Member</i> (\$5 dues)
Advisor/Mentor Signature: (if a student)	
Email Address:	
Complete Mailing Address:	
Daytime Telephone:	Fax Number:
Phonetic Science areas of Interest	
Instruction:	
Research:	
Other:	

Please send your completed membership form and a check for your annual dues to:

Richard A. McGuire, Ph.D.
Executive Secretary
American Association of Phonetic Sciences
P.O. Box 23005
St Louis, MO 63156

aaps@phoneticsciences.com
www.phoneticsciences.com