



The RNA Society

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MEMBERSHIP APPLICATION: (Membership year is January – December)

New

Renewal

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	<input type="checkbox"/> \$154.00	<input type="checkbox"/> \$ 183.00	<input type="checkbox"/> \$ 283.00	<input type="checkbox"/> \$ 341.00	<input type="checkbox"/> \$ 412.00	<input type="checkbox"/> \$ 499.00
Student*	<input type="checkbox"/> \$ 36.00	<input type="checkbox"/> \$ 89.00	<input type="checkbox"/> \$ 65.00	<input type="checkbox"/> \$ 171.00	<input type="checkbox"/> \$ 95.00	<input type="checkbox"/> \$ 254.00
Post Doc*	<input type="checkbox"/> \$ 36.00	<input type="checkbox"/> \$ 89.00	<input type="checkbox"/> \$ 65.00	<input type="checkbox"/> \$ 171.00	<input type="checkbox"/> \$ 95.00	<input type="checkbox"/> \$ 254.00

Total Payment: _____

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

CREDIT CARD INFORMATION:

American Express VISA Master Card

Card Number _____ Expiration Date: _____ CVV _____

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: _____