



The RNA Society

Dues and Subscriptions
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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	\$154.00	\$ 183.00	\$ 283.00	\$ 341.00	\$ 412.00	\$ 499.00
Student*						
Post Doc*	\$ 36.00	\$ 89.00	\$ 65.00	\$ 171.00	\$ 95.00	\$ 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: _____

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: _____