



American Meteorological Society

## MEMBERSHIP FORM

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Hometown:** \_\_\_\_\_

**Member of the National AMS?**     Yes     No

**Previous Member of Another Local Chapter?**     Yes     No

**If Yes, where?** \_\_\_\_\_

**Weather Areas of Interest:** \_\_\_\_\_

\_\_\_\_\_

**If applicable:**

**Are you a student?**     High School     FSU     TCC     Other: \_\_\_\_\_

**Employer/Job Title:** \_\_\_\_\_