



JOIN OR RENEW MEMBERSHIP

NAME: _____

AFFILIATION: _____

ADDRESS: _____

CITY: _____

STATE: _____ COUNTRY: _____

ZIP: _____

E-MAIL ADDRESS: _____

PHONE: _____

FAX: _____

Please check the appropriate lines below:

- Show all my information in the AMS Membership Directory.
- Do not show my information in the AMS Membership Directory.
- Only show my work address.
- Only show my home address.
- Do not send me any AMS e-mail.

Total amount enclosed:

Fellow Membership and Annual Subscription to JAMS and AMS Review is **\$90.00** \$ _____

Student Membership and Annual Subscription to JAMS and AMS Review is **\$60.00** \$ _____

Corporate Membership and Annual Subscription to JAMS and AMS Review is **\$100.00** \$ _____

The Board of Governors recommends a **\$25.00** donation to the AMS Foundation: \$ _____

TOTAL \$ _____

Make checks payable to *Academy of Marketing Science*. If you wish to pay by credit card, complete the box below.

Cardholder's name: _____
Card Number: _____
Card Type: ____ Visa ____ MC
Expiration Date: _____ CVV: _____
Billing Address: _____
Billing Zip: _____
Billing Phone: _____
Billing E-mail: _____

Academy of Marketing Science

College of Business

Louisiana Tech University

P.O. Box 3072

Ruston, LA 71272

Questions? Contact the AMS office at **318-257-2612** or **ams@latech.edu**.