# 2018 Membership Application

American Association of Physics Teachers
One Physics Ellipse, College Park, MD 20740-3845
Phone: 301-209-3333 Fax: 301-209-0845 Email: membership@aapt.org
Web: http://www.aapt.org

Name

School

Preferred Mailing Address: ◯ Home ◯ School

Address

City State/Country Zip

Phone Fax

Email

## Membership levels are based on your current area of employment

**All memberships include online access to *American Journal of Physics* (AJP) and *The Physics Teacher* (TPT), and print/online subscription to *Physics Today*. Additional print subscriptions may be purchased by Professional Members under Additional Options.**

### Professional Membership

☐ **K-12 Dues: $126**

☐ **College, University or Non-Teaching Dues: $173**

*Additional Options*

☐ *The Physics Teacher* print subscription
- in U.S., add $44
- outside U.S., add $68

☐ *American Journal of Physics* print subscription
- in U.S., add $63
- outside U.S., add $94

☐ PER - Physics Education Research Topical Group: $40

A special interest group for those interested in Physics Education Research. Includes a discussion forum and the right to participate in the election of officers for the PER Leadership Organizing Council.

### Student Membership

☐ **Student Dues: $48**

Student eligibility is based on full time enrollment in an accredited institution. Graduation date is required.

Graduation Date: _____

Advisor Name: _____

Advisor Contact Info: _____

*Additional Options*

☐ PER - Physics Education Research Topical Group - $0

A special interest group for those interested in Physics Education Research. Includes a discussion forum and the right to participate in the election of officers for the PER Leadership Organizing Council.

**Individuals from developing countries, as defined by the U.N., may be eligible for support of their membership through the Fuller Fund, or Hashim A. Yamani Fund. For more information, visit aapt.org/programs/grants.**

## Payment Section

Rates valid through December 31, 2018

PAYMENT IN U.S. DOLLARS

◯ Check ◯ AMEX ◯ Discover ◯ MasterCard ◯ Visa

____ - ____ - ____ - ____
Credit Card Number

__ / __
Expiration

Signature: _____

**Dues Amount:** $ ____.00

**Print Subscriptions:** $ ____.00

**PER Amount:** $ ____.00

**Total Amount Enclosed:** $ ____.00

APP15