

NAME:	
AFFILIATION:	TITLE:
1 OFFICE ADDRESS	2 HOME ADDRESS (optional)
STREET:	STREET:
CITY:	CITY:
STATE/PROV: ZIP+4/POST:	STATE/PROV: ZIP+4/POST:
COUNTRY:	COUNTRY:
PHONE: FAX:	PHONE: FAX:
E-MAIL:	E-MAIL:
3 SELECT PREFERRED MAILING ADDRESS: <input type="checkbox"/> OFFICE <input type="checkbox"/> HOME SELECT PREFERRED BILLING ADDRESS: <input type="checkbox"/> OFFICE <input type="checkbox"/> HOME	
4 TYPE OF MEMBERSHIP (Please check only one) <input type="checkbox"/> ACADEMIC (\$182.00) <input type="checkbox"/> EXECUTIVE / PRACTITIONER (\$182.00) <input type="checkbox"/> STUDENT (\$91.00) <i>(Must provide proof of status)</i>	
5 DIVISIONS AND INTEREST GROUPS: YOUR DUES PAYMENT ENTITLES YOU TO BELONG TO TWO DIVISIONS OR INTEREST GROUPS You may also choose to purchase additional (more than two) divisions/interest groups at this time. Additional divisions are \$11.00 each. Additional Interest Groups are \$7.00 each. Please check your choices below.	
CHOOSE ANY TWO	
<input type="checkbox"/> Business Policy and Strategy (4) <input type="checkbox"/> Careers (15) <input type="checkbox"/> Conflict Management (20) <input type="checkbox"/> Critical Management Studies (24) <input type="checkbox"/> Entrepreneurship (17) <input type="checkbox"/> Gender & Diversity in Organizations (16) <input type="checkbox"/> Health Care Management (13) <input type="checkbox"/> Human Resources (8) <input type="checkbox"/> International Management (10)	<input type="checkbox"/> Management Consulting (5) <input type="checkbox"/> Management Education and Development (2) <input type="checkbox"/> Management History (1) <input type="checkbox"/> Managerial and Organizational Cognition (21) <input type="checkbox"/> Operations Management (6) <input type="checkbox"/> Organization and Management Theory (7) <input type="checkbox"/> Organization Development and Change (11) <input type="checkbox"/> Organizational Behavior (3) <input type="checkbox"/> Organizational Communication & Information Systems (12)
<input type="checkbox"/> Organizations and The Natural Environment (22) <input type="checkbox"/> Public and Nonprofit (14) <input type="checkbox"/> Research Methods (19) <input type="checkbox"/> Social Issues in Management (9) <input type="checkbox"/> Technology & Innovation Management (18)	
INTEREST GROUPS	
<input type="checkbox"/> Management Spirituality & Religion (23) <input type="checkbox"/> Strategizing Activities and Practice (25)	
6 ADDITIONAL DIVISIONS/INTEREST GROUPS (If you chose more than two above, you must pay an additional fee. Be sure to indicate your selections above)	
_____ EXTRA Divisions @ \$ 11.00 each \$ _____ _____ EXTRA Interest Groups @ \$ 7.00 each \$ _____	
7 CREDIT CARD PAYMENT (Check Type) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS CARDHOLDER NAME: _____ (please print) CREDIT CARD NUMBER: _____ * CARD SECURITY CODE _____ * EXPIRATION DATE: ____/____/____ SIGNATURE OF CARDHOLDER: _____ * CARD SECURITY CODE: For VISA or MasterCard cardholders, these are the last 3 numbers found on the back of the card in the signature panel. For American Express cardholders, these are the additional 4 numbers printed on the front of the card.	
8 TOTAL ENCLOSED: FORMS OF PAYMENT ACCEPTED: (Payable in U.S. Dollars Only)	FOR OFFICE USE ONLY: Date Received: _____ Check # _____ Amount Paid: _____ Credit Approved: _____
<ul style="list-style-type: none"> • PERSONAL CHECKS drawn on U.S. banks or U.S. bank affiliates made payable in U.S. dollars to: ACADEMY OF MANAGEMENT • Credit cards (VISA, MASTERCARD, or AMERICAN EXPRESS only) • International bank money orders Total from Section 4 (Membership Type) \$ _____ Total from Section 6 (Additional Divisions @ \$11.00 each) \$ _____ Total from Section 6 (Additional Interest Groups @ \$7.00 each) \$ _____ TOTAL AMOUNT ENCLOSED \$ _____	
9 OPTIONAL INFORMATION FOR ACADEMY USE (e.g., research, records, etc.)	
ETHNICITY (Please check the appropriate category) <input type="checkbox"/> Black or African American (non-Hispanic) <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Multi-Cultured <input type="checkbox"/> Other _____	
DATE OF BIRTH (mm/dd/yyyy) _____ GENDER (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	

TO SUBMIT THIS APPLICATION:
(with payment)

Mail: The Academy of Management
 P.O. Box 3020
 Briarcliff Manor, NY 10510-8020
 U.S.A.

Call: (914) 923-2607
Fax: (914) 923-2615
Online: www.aomonline.org
E-mail: membership@aom.pace.edu

Thank you! We look forward to welcoming you to the Academy!