

**AoM/IAoM Membership Application**

Name _____

Title

First

Last

Suffix

Highest Degree Earned _____

Institution _____ Year Received _____

Current Affiliation _____

Preferred Mailing Address: _____

Street Address: _____

Address Line 2 _____

City State / Province / Region _____

Postal / Zip Code Country _____

Phone () _____ Fax () _____

E-mail Address _____

Membership Fees: \$150 (Euros at current exchange rate)

Journal Selection (Check One)

- Journal of Management Systems (JMS)
- Global Education Management Systems (GEMS)
- Journal of Management in Practice (JMP)
- Journal of Information Technology Management (JITM)
- Journal of Computer Science and Information Management (CSIM)
- International Association of Management Journal (IAoMJ)

Signature _____ Date _____

Mail completed form with payment to:

Association of Management/International Association of Management
P.O. Box 64841
Virginia Beach, VA 23467-4841