



**APPLICATION FOR INDIVIDUAL MEMBERSHIP IN THE
WEATHER MODIFICATION ASSOCIATION**

1. _____
First Name Last Name Middle Name

2. _____
Preferred Mailing Address for Publications

Phone: _____ Email: _____

4. _____
Place of Birth Month- Day- Year Citizenship

5. Experience (List below)

6. Brief statement of any special interests in the field of weather modification:

My signature below and payment of dues will constitute membership in the Weather Modification Association for the calendar year following review by the WMA board. I agree to abide by the bylaws and Standards and Ethics statement of the WMA while a member.

Name

Date