WEATHER MODIFICATION ASSOCIATION

APPLICATION FOR STUDENT MEMBERSHIP IN THE WEATHER MODFICIATION 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. _____
   Academic Institution in which enrolled as a full time student and degree sought

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

I claim Student Membership status in the WMA.
My signature below will constitute membership in the Weather Modification Association. I agree to abide by the bylaws and Standards and Ethics statement of the WMA while a member. I will notify the WMA when I am no longer a student.

_____ _____
Signature Date

Faculty Adviser/Dept. Head: _____ Date: _____

Weather Modification Association P.O. Box 845 Riverton, Utah 84065
www.weathermodification.org 801-598-4392