Individual and Student Membership Form

Below is the membership form for the United States Permafrost Association (USPA). Please fill in the appropriate information and return it by mail with your payment to our post office box. A receipt will be sent via mail. For on-line membership see: https://upermafrost.org/ Thank you!

Please make check payable to the US Permafrost Association and mail it and form to:
US Permafrost Association
PO Box 750141
Fairbanks, AK 99775-0141

Membership Information:

___ Individual  ___ Student  ___ Lifetime

Name: ______________________________________  Title: _______________________________________
Phone/ Fax: __________________________________   Email: ______________________________________
Profession: ________________________________________________________
Mailing Address (Institution/Affiliation):
________________________________________________________________________________________
City: _________________________    State: ______     Zip Code: __________________

For Student Membership:
Name of College or University: _______________________________________________
Degree Program: ___ BS ___MS ___PhD ___Other: ______________________________
Anticipated Graduation Date: ____________________________

Are you a member of the Permafrost Young Researcher Network (PYRN)? (https://pyrn.arcticportal.org/)
___ Yes ___ No ___ Interested

Annual Individual Membership:

  Student - $10               2021: ___   2022: ___   2023: ___
  Regular  - $30            2021: ___   2022: ___   2023: ___
  Sustaining - $250   2021: ___   2022: ___   2023: ___
  Lifetime                  $1,000: ___

Optional contribution for student travel grants, annual meeting, and other program ($10, $25, $50, $100, etc.):

  - USPA Permafrost Engineering Education Program (PEEP): $ __________
  - USPA-Permafrost Young Researcher Network Educational Fund (UPEF): $ __________
  - Permafrost Monthly Alert (PMA) Program: $ __________
  - Travel Grants to Conferences: $ __________

Amount of Total Payment Enclosed: $ ________________

Would you be interested in serving on a USPA committee? (See web for details): ___ Yes ___ No

Signature: __________________________________________   Date: ___________________