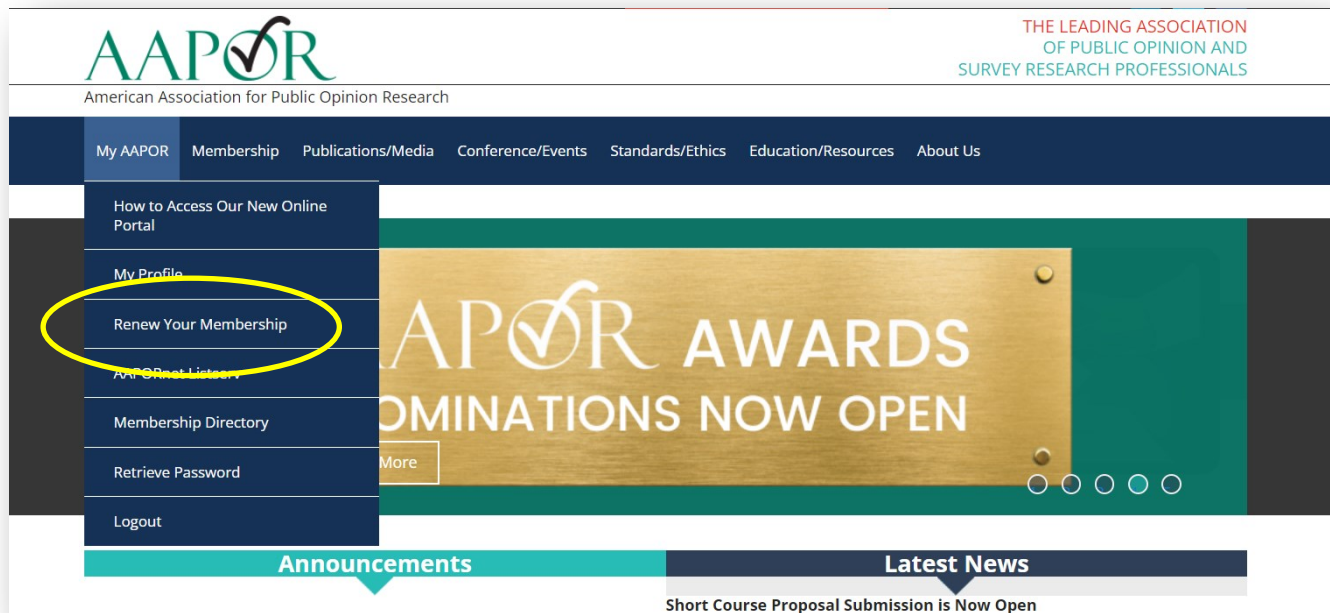
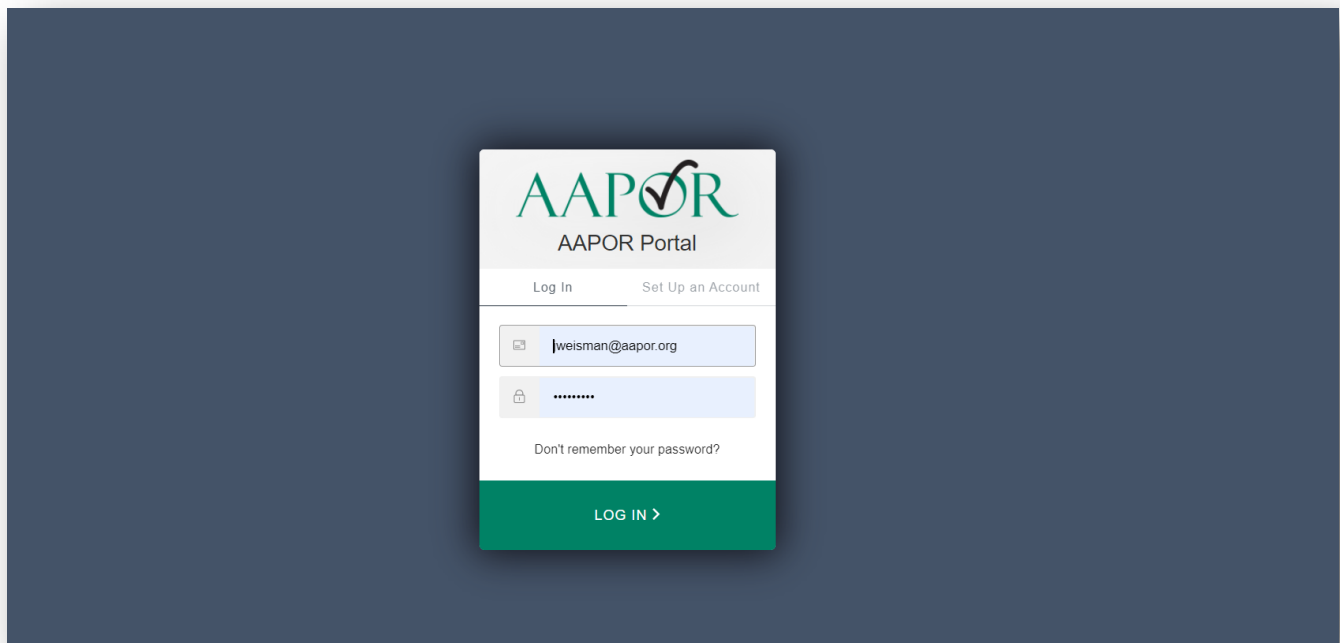


# How to Renew Your AAPOR Membership

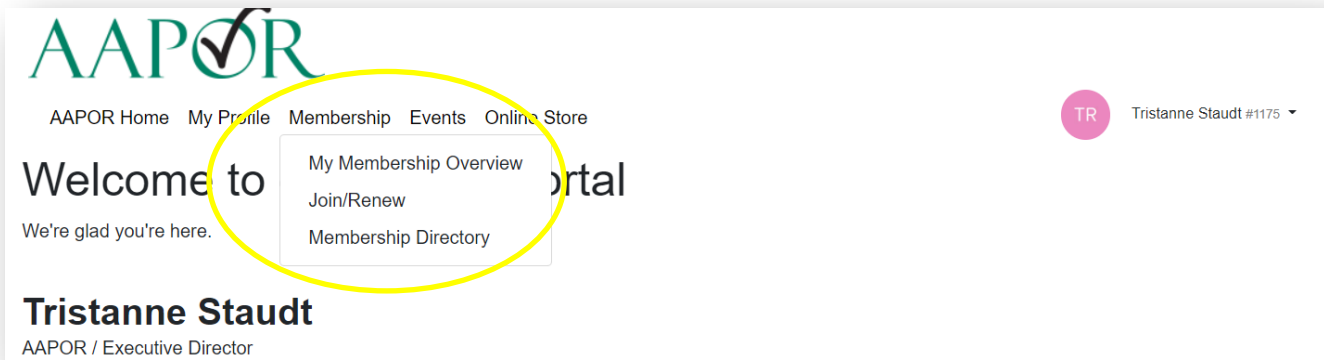
1. Hover over My AAPOR and select 'Renew Your Membership'.



2. Log into your account.

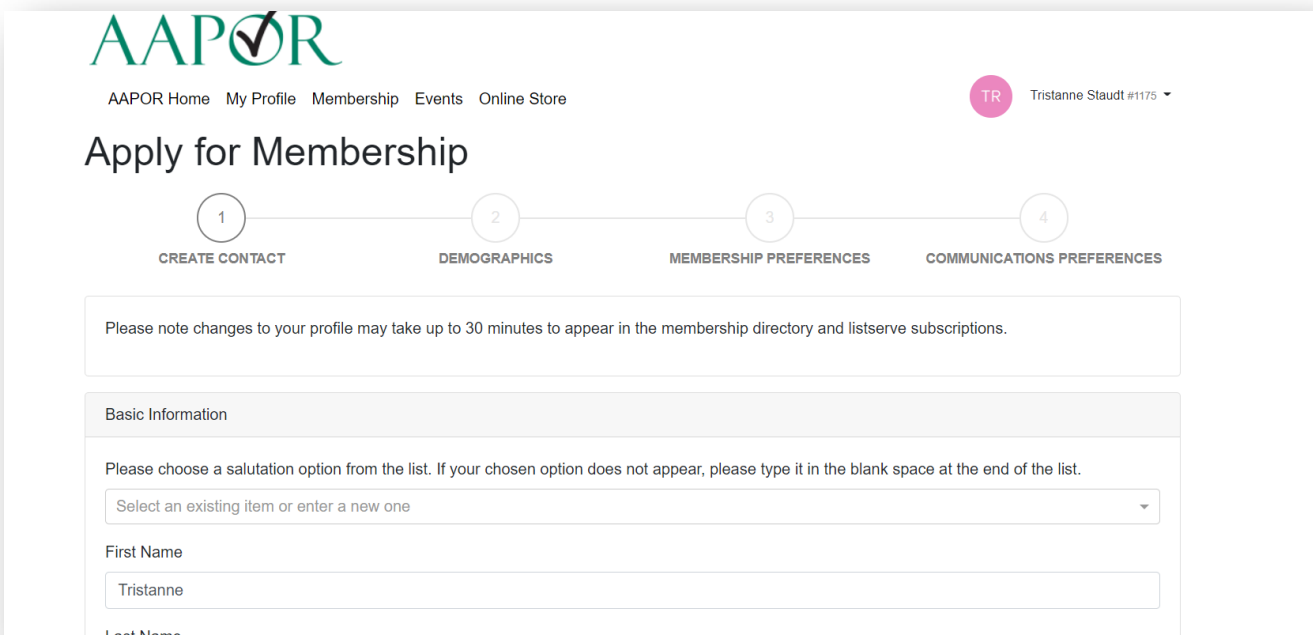


3. Hover over membership and select 'join/renew'.



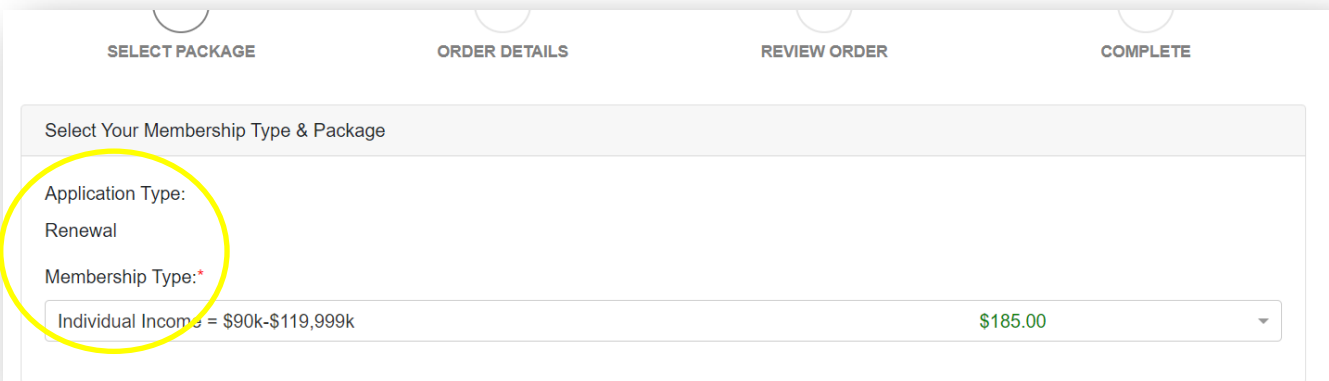
The screenshot shows the AAPOR website header. The navigation menu includes 'AAPOR Home', 'My Profile', 'Membership', 'Events', and 'Online Store'. A yellow circle highlights the 'Membership' menu item, which has opened a dropdown menu containing 'My Membership Overview', 'Join/Renew', and 'Membership Directory'. The 'Join/Renew' option is highlighted in blue. The user's name 'Tristanne Staudt #1175' is visible in the top right corner.

4. Update your information.



The screenshot shows the 'Apply for Membership' page. A progress bar at the top indicates four steps: 1. CREATE CONTACT, 2. DEMOGRAPHICS, 3. MEMBERSHIP PREFERENCES, and 4. COMMUNICATIONS PREFERENCES. A note states: 'Please note changes to your profile may take up to 30 minutes to appear in the membership directory and listserv subscriptions.' The 'Basic Information' section is active, with a dropdown menu for salutation and text input fields for 'First Name' (Tristanne) and 'Last Name'.

5. Confirm the application type as renewal, and select the membership type.



The screenshot shows the 'SELECT PACKAGE' step of the membership application process. The page title is 'Select Your Membership Type & Package'. A yellow circle highlights the 'Application Type' dropdown menu, which is set to 'Renewal'. Below it, the 'Membership Type\*' dropdown menu is set to 'Individual Income = \$90k-\$119,999k' with a price of '\$185.00'.

## 6. Select if you would like to join a chapter.

### Select Your Chapter

Select a primary chapter:

Select a primary chapter

Region

- DC (\$30.00)
- MIDWEST (\$20.00)
- NEC (\$35.00)

## 7. Agree to AAPOR policies.

### Agree to AAPOR Policies

AAPOR has developed a Code of Professional Ethics and Practice and a Conduct Policy. Please check the boxes below to indicate agreement with these policies.

To view the policies, please visit the pages below:

Code of Professional Ethics and Practice: <https://www.aapor.org/Standards-Ethics/AAPOR-Code-of-Ethics.aspx>

Conduct Policy: <https://www.aapor.org/About-Us/Who-We-Are/AAPOR-Conduct-Policy.aspx>

If you have questions about these policies, please email [info@aapor.org](mailto:info@aapor.org).

I agree to abide by the AAPOR Conduct Policy as outlined on the AAPOR website. \*

I agree to abide by the AAPOR Code of Professional Ethics and Practice as outlined on the AAPOR website. \*

## 8. Indicate if you would like to be included in the member directory.

### Membership Directory

Your contact information will be available to other members in the membership directory. This can only be accessed with an AAPOR login and requires an active, paid membership. If you do not want your contact information to be available, please check the box below to opt-out of the membership directory.

Do Not Show In Directory

9. Indicate if you would like more information about Affinity Groups.

AAPOR Affinity Groups

AAPOR Affinity Groups are voluntary associations of AAPOR members who want to share ideas, information, and experiences with other AAPOR members with similar affinities or interests. AAPOR offers the following Affinity Groups:

- [AAPI Research and Affinity Group](#)
- [Cross-Cultural and Multilingual Research Affinity Group](#)
- [GAAPOR](#)
- [HISP-AAPOR](#)
- [QUALPOR](#)
- [Survey Research Teaching Affinity and Interest Group](#)

Affinity Groups are a member benefit and do not require an additional fee beyond membership dues. If you are interested in learning more the affinity groups, please click the links above. If you would like someone to contact you about specific affinity groups, please check the appropriate box(es) below.

As an AAPOR member, you have access to affinity groups. Please check the corresponding box below for any affinity groups you are interested in, and someone from the chosen group will contact you with additional information.

Select all applicable values

**Next**

10. Indicate if you would like to include a donation with your renewal.

Would you like to support AAPOR's programs and services with an additional donation?

Yes! I'd like to make a donation along with this order

\$5     \$10     \$25     \$50     \$100     Other

11. Add payment information or select invoice later and select 'next'.

Your Credit & Debit Cards      Name on card      Expires on

+ [Add a credit or debit card](#)

Other Payment Options

Send me an invoice/pay at a later time

Check #/Payment Reference #:

**⚠ No payment method selected. Please select a payment option to continue.**

Back    Cancel    **Next**

11. To change billing address, use the drop down arrow.

| Your Credit & Debit Cards                                                                                 | Name on card                                                                       | Expires on           |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------|
| Add a New Credit/Debit Card                                                                               |                                                                                    |                      |
| Card Number:*                                                                                             | Name on Card:*                                                                     | Expiration:*         |
| <input type="text"/>                                                                                      | Jackie Weisman                                                                     | mm/yyyy              |
| Billing Address: *                                                                                        | <input type="text" value="Preferred: 1436 Duke Street, Alexandria, VA 22314, US"/> | CVV/Security Code:*  |
| Nickname (optional):                                                                                      | <input type="text"/>                                                               | <input type="text"/> |
| <small>An optional nickname that will help you remember this card (i.e., My Bank of America Visa)</small> |                                                                                    |                      |

12. Select your billing address, or 'use another address'.

|                                                                                         |                      |
|-----------------------------------------------------------------------------------------|----------------------|
| Billing Address: *                                                                      | CVV/Security Code:*  |
| <input type="text" value="Preferred: 1436 Duke Street, Alexandria, VA 22314, US"/>      | <input type="text"/> |
| <b>Preferred: 1436 Duke Street, Alexandria, VA 22314, US</b>                            |                      |
| Work: 1436 Duke Street, Alexandria, VA 22314, US                                        |                      |
| AAPOR: 1436 Duke Street, Alexandria, VA 22314, US                                       |                      |
| Use another address...                                                                  |                      |
| <input checked="" type="checkbox"/> Securely save this card on my account for later use |                      |

13. By selecting 'use another address', you will be prompted to include this information and select 'next'.

| Other Payment Options                                                            |                                                                                                                   |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Send me an invoice/pay at a later time                     | Check #/Payment Reference #:<br><input type="text" value="Enter the check number or other relevant reference #"/> |
| <b>⚠ No payment method selected.</b> Please select a payment option to continue. |                                                                                                                   |
| <input type="button" value="Back"/>                                              | <input type="button" value="Next"/>                                                                               |

15. Confirm all information is correct and select 'process order'.

**Heads up!** Your order is not yet complete! Review the information below and click the **Process** button at the bottom of the screen to complete your order.

| Item         | Quantity | Unit Price | Total    |
|--------------|----------|------------|----------|
| INDC         | 1        | \$185.00   | \$185.00 |
| NY           | 1        | \$100.00   | \$100.00 |
| General Fund | 1        | \$10.00    | \$10.00  |


|                |                 |
|----------------|-----------------|
| Subtotal:      | \$295.00        |
| Shipping:      | \$0.00          |
| Taxes:         | \$0.00          |
| Less Discounts | -\$0.00         |
| <b>Total:</b>  | <b>\$295.00</b> |

|                          |                 |
|--------------------------|-----------------|
| Payment Method:          | Payment Amount: |
| <b>Bill Me/Pay Later</b> | <b>\$295.00</b> |

16. Your renewal has now been processed.

SELECT PACKAGE      ORDER DETAILS      REVIEW ORDER      COMPLETE



**Membership Order Processed Successfully**  
We've successfully processed your membership order.

[→ Continue](#)

Thank you for your renewal! If you have any additional questions, please email [info@aapor.org](mailto:info@aapor.org).