

# ASMC Corporate Membership Application

**Check One**    \$150/1 Designee    \$170/2 Designees    \$190/3 Designees   |    New Member  
 \$210/4 Designees    \$230/5 Designees    \$250/6 Designees   |    Renewal Member

*Additional Designees may be added at a fee of \$20 each, please attach a separate sheet. Dues must be paid in U.S. Funds. Membership is annual, based upon initial month of membership. Payment must be enclosed.*

## **Please Type or Print Clearly**

*(Print or type corporation name exactly as you wish it to appear on membership plaque)*

Corporation Name \_\_\_\_\_

Chapter Affiliation \_\_\_\_\_

## **Principal Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## **Member Designee Information** *(Include principal contact)*

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Chapter Affiliation \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Chapter Affiliation \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Chapter Affiliation \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Chapter Affiliation \_\_\_\_\_

5. Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Chapter Affiliation \_\_\_\_\_

6. Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Chapter Affiliation \_\_\_\_\_

**Questions:** 800-462-5637 or 703-549-0360 or [asmchq@asmconline.org](mailto:asmchq@asmconline.org)

**Mail to:** ASMC National Headquarters, 2034 Eisenhower Ave., Suite 145, Alexandria, VA 22314-4650