ASMC Individual Membership Application

❑ New ❑ Renewal Member No._____ ❑ I have previously been a member of ASMC

Please Type or Print Clearly
(Print name exactly as you wish it to appear on membership certificate)

Name _____
First MI Last

Mailing Address _____

_____

_____
City State Zip

Office Address_____

_____

_____
City State Zip

Phone: (H)_____ (O) _____ DSN _____

E-Mail _____ Chapter_____

These boxes for National Headquarters Use Only	Chapter	Amount Paid	Anniversary Month	Initial Year

Employer *(Circle One)* AR NV AF MC CG DoD DFAS OTHER _____

Rank/Grade_____ Birth Date_____/_____/ _____ Gender ❑ M ❑ F

Career Field *(Circle One)*

Accounting and Finance
Administrative Support
Auditing
Budgeting
Comptrollership
Cost Analysis
Financial Management
Information Systems
Management Analysis
Manpower Management
Program Analysis
Resource Management
Other

Duty Station _____

I hereby apply for membership in ASMC and enclose $20 for membership dues, which includes the $5 annual subscription to the *Armed Forces Comptroller*. Membership dues are valid for one year.

Applicant Signature _____

I was recruited by_____ Recruiter Mbr. No. _____

Questions: *800-462-5637* or *703-549-0360* or *asmchq@asmconline.org*
Mail to: ASMC National Headquarters, 2034 Eisenhower Ave., Suite 145, Alexandria, VA 22314-4650