



ASMC corporate membership application

New Member Renewal Member

Corporation Information

Name *(print or type clearly)*

Company web address _____

Member Designee Information

Primary Designee *(fee included in base membership fee)*

Name _____ Chapter Affiliation _____

Mailing Address _____

Phone _____ E-mail Address _____

Designees *(Additional designees may be added at a fee of \$40 each. Please attach a separate list with contact information and chapter affiliation.)*

Name _____ Chapter Affiliation _____

Mailing Address _____

Phone _____ E-mail Address _____

Name _____ Chapter Affiliation _____

Mailing Address _____

Phone _____ E-mail Address _____

Name _____ Chapter Affiliation _____

Mailing Address _____

Phone _____ E-mail Address _____

Payment Information

Annual Dues Level: Bronze (\$300) Silver (\$2000) Gold (\$5000)

Additional Designees _____ x \$40 = _____

Method of Payment Check or Money Order enclosed *(payable in US dollars to ASMC)*

Charge to Credit Card Visa MasterCard American Express

Card Number _____ Exp. Date _____

Cardholder Signature _____ Date _____

*Membership is annual, based upon initial month of membership and includes the \$5 subscription price to the Armed Forces Comptroller.
Payment must be enclosed. Membership is nontransferable and nonrefundable.*

Applicant Signature _____

Mail to: ASMC National Headquarters
415 N. Alfred St. • Alexandria, VA 22314-2269 • Fax 703-549-3181
Questions? Call 800-462-5637 or 703-549-0360
or email at membership@asmconline.org

These Boxes for National Headquarters Use Only	Amount Paid	Check Number
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