

# ASMC Corporate Membership Application

- New Member  
 Renewal Member

Check One:

- \$250/1 Designee     \$276/2 Designees     \$302/3 Designees  
 \$328/4 Designees     \$354/5 Designees     \$380/6 Designees

*Additional Designees may be added at a fee of \$26 each, please attach a separate sheet. Dues must be paid in U.S. Funds. Membership is annual, based upon initial month of membership and includes the \$5 subscription price to the Armed Forces Comptroller. 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 \_\_\_\_\_

## Member Designee Information

### Principal Contact

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

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

E-Mail Address \_\_\_\_\_ Chapter Affiliation \_\_\_\_\_

### Designees

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Payment Information

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 \_\_\_\_\_

**Mail to:** ASMC National Headquarters • 415 N. Alfred St. • Suite 145 • Alexandria, VA 22314-2269

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