



# ORGANIZATIONAL MEMBERSHIP APPLICATION

Mail to: ASA, Department 79081, Baltimore, MD 21279-0081 USA

## MEMBERSHIP SELECTION (ALL MEMBERSHIPS ARE FOR A CALENDAR YEAR.)

**ORGANIZATIONAL MEMBERSHIP** (\$1,620) Available for corporations, government entities, and non-profit organizations. Includes a copy of all ASA publications and one regular membership for an organizational representative. Organizational members are recognized on the ASA website. This membership also includes discounts on advertising and the JSM Career Service Registration. **Complete Sections A, B, and D.**

**INSTITUTIONAL MEMBERSHIP** (\$900) Available for four-year academic institutions; includes a copy of all ASA publications and two individual memberships (1 regular, 1 student). Institutional members are recognized on the ASA website. This membership also includes discounted JSM Career Service registration. **Complete Sections A-D.**

## A. ORGANIZATIONAL BILLING CONTACT INFORMATION (ALL ORGANIZATIONS)

(Please print or type.)

Organization Name \_\_\_\_\_

Contact Person  Dr.  Mr.  Mrs.  Ms.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP+4/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## B. FIRST COMPLIMENTARY MEMBERSHIP (CORPORATE AND INSTITUTIONAL MEMBERS ONLY)

Receives a regular membership.

Representative  Dr.  Mr.  Mrs.  Ms. Current ASA Member ID (if applicable) \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP+4/Postal Code \_\_\_\_\_

Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## C. SECOND COMPLIMENTARY MEMBERSHIP

(INSTITUTIONAL MEMBERS ONLY; COMPLIMENTARY MEMBERSHIP MUST BE FOR A STUDENT)

Receives a student membership.

Student Representative  Dr.  Mr.  Mrs.  Ms. Current ASA Member ID (if applicable) \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP+4/Postal Code \_\_\_\_\_

Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## D. PAYMENT INFORMATION

Please make check or money order payable to the American Statistical Association in U.S. funds drawn on a U.S. bank. Return this form with your payment or credit card information to **ASA, Department 79081, Baltimore, MD 21279-0081** or fax to **(703) 684-2037** (credit card only).

Please check one  Check/Money Order  American Express  Discover  MasterCard  VISA

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Security Code: \_\_\_\_\_

Exp. Date (month/year) \_\_\_\_\_ / \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

Membership Dues \$ \_\_\_\_\_

