

# ASMC Membership Application

New

Renewal

I have previously been a member of ASMC

Member Number \_\_\_\_\_

**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	Expiration Year	Initial Year	Month
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Employer (Circle One) AR NV AF MC CG DoD DFAS OTHER \_\_\_\_\_

Rank/Grade: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F

Career Field: Accounting and Finance Budgeting Financial Management Manpower Management  
(Circle One) Administrative Support Comptroller Management Analysis Resource Management  
Auditing Cost Analysis Program Analysis Other

Duty Station: \_\_\_\_\_

I hereby apply for membership in ASMC and enclose \$20 for membership dues. Membership dues are valid for one year.

Applicant Signature: \_\_\_\_\_

I was recruited by: \_\_\_\_\_ Recruiter Member Number: \_\_\_\_\_

**Mail to:** ASMC National Headquarters  
225 Reinekers Lane, Suite 250  
Alexandria, VA 22314-2875

**Questions:** ASMC National Headquarters  
(800)462-5637 or (703)549-0360  
asmchq@aol.com