



# ORGANIZATIONAL MEMBERSHIP APPLICATION

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

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

☐ **ORGANIZATIONAL MEMBERSHIP** (\$1,440) 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 *Amstat News* display advertising and JSM Career Service registration. **Complete Sections A, B, and D.**

☐ **INSTITUTIONAL MEMBERSHIP** (\$695) 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 discounts on *Amstat News* display advertising and JSM Career Service. **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 \_\_\_\_\_

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 \_\_\_\_\_

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

## D. PAYMENT INFORMATION

Please make check or money order payable to the American Statistical Association in US funds drawn on a US bank. Return this form with your payment or credit card information to **ASA, Department 79081, Baltimore, MD 21279-008**, or fax to **(703) 997-7299** (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 \$ \_\_\_\_\_

