



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.**

TWO-YEAR COLLEGE MEMBERSHIP (\$180) Available for two-year academic institutions; includes subscriptions to *The American Statistician*, *Significance*, and *Amstat News*. Two-year college members are recognized on the ASA website. **Complete Sections A and 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 \$ _____

