



ASA ORGANIZATIONAL MEMBERSHIP APPLICATION

Mail to: ASA, Department 79081, Baltimore, MD 21279-0081 USA Fax to: (703) 684-2037

For more information, call (888) 231-3473, email asainfo@amstat.org, or visit us at www.amstat.org.

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

- CORPORATE MEMBERSHIP** (\$1,350) Available for corporations and nonprofit organizations; includes a copy of all ASA publications and one regular membership for a representative. Corporate members are recognized annually in *Amstat News* and continually on the ASA website. This membership also includes significant advertising discounts. **Complete Sections A, B, and D.**
- INSTITUTIONAL MEMBERSHIP** (\$750) 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 annually in *Amstat News* and continually on the ASA website. **Complete Sections A-D.**
- TWO-YEAR COLLEGE MEMBERSHIP** (\$150) Available for two-year academic institutions; includes subscriptions to *The American Statistician* and *Amstat News*. Two-year college members are recognized annually in *Amstat News* and continually on the ASA website. **Complete Sections A and D.**

Membership Dues Subtotal \$ _____

A. ORGANIZATIONAL BILLING CONTACT INFORMATION (ALL ORGANIZATIONS)

(Please print or type.)

Organization Name _____

Contact Person Dr. Mr. Mrs. Ms.

First Name _____ MI _____ Last Name _____

Job Title _____ Department/Unit _____

Mailing Address _____ City _____

State/Province _____ Country _____ ZIP+4/Postal Code _____

Office Phone _____ Fax _____

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 _____

Job Title _____ Department/Unit _____

Mailing Address _____ City _____

State/Province _____ Country _____ ZIP+4/Postal Code _____

Office Phone _____ Home Phone _____

Fax _____ Email _____

C. SECOND COMPLIMENTARY MEMBERSHIP (INSTITUTIONAL MEMBERS ONLY; MUST BE A STUDENT)

Receives a student membership.

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

First Name _____ MI _____ Last Name _____

Department/Unit _____

Mailing Address _____ City _____

State/Province _____ Country _____ ZIP+4/Postal Code _____

Phone _____ Fax _____

Email _____ Expected Degree _____ Expected Graduation _____

D. PAYMENT INFORMATION (ALL ORGANIZATIONS)

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 credit card information or payment 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 MasterCard VISA

Name on Card _____

Card # _____ Security Code: _____

Exp. Date ____/____/____ Signature of Cardholder _____

MEMBERSHIP DUES	\$ _____
ASA FUND*	\$ _____
TOTAL PAYMENT	\$ _____

* See www.amstat.org/giving for details.

WEB