



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 \$ _____

