

ASMC Individual Membership Application

Membership Status

New Renewal Member No. _____ I have previously been a member of ASMC

Membership Information *(Please print or type clearly, exactly as you wish information to appear on membership certificate)*

Name (First, MI, Last) _____

Mailing Address _____

City _____ ST _____ Zip _____

Phone: (H) _____ (O) _____ DSN _____

E-Mail _____ Chapter _____

Birth Date ____/____/____ Gender M F

These Boxes for National Headquarters Use Only	Chapter	Amount Paid	Expiration Year	Initial Year	Month

Professional Information

Employer *(Circle One)* AR NV AF MC CG OSD DFAS Other _____

Rank/Grade _____ Duty Station _____

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

Payment Information

Membership Dues One Year - \$26 or Three Years - \$75

Method of Payment Check or Money Order enclosed *(payable in US dollars to ASMC)*

Charge to Credit Card VISA MasterCard American Express

Card Number _____ Exp. Date _____

Cardholder Signature _____ Date _____

I hereby apply for membership in ASMC and enclose payment for membership dues, which includes the \$5 annual subscription to the Armed Forces Comptroller.

Applicant Signature _____

I was recruited by _____ Recruiter Mbr. No. _____

Mail to: ASMC National Headquarters • 415 N. Alfred St. • Alexandria, VA 22314-2269

Fax to: 703-549-3181

Questions? Call 800-462-5637 or 703-549-0360