

NEW MEMBER APPLICATION



**START ENJOYING THE MANY ADVANTAGES OF MEMBERSHIP.
JOIN ASM TODAY!**

ASM International brings you the best technical resources through conferences and expositions, education courses, and local chapters! ASM offers a variety of individual membership options to meet your needs as well as Affiliate Society memberships for a low annual fee.

Individual Membership Options (select only one)

	Annual Rate
<input type="checkbox"/> ASM (includes a one-time \$10 initiation fee, renews at \$54 per year)	\$64.00
<input type="checkbox"/> ASM Student Membership* (full-time middle or high school).....	\$15.00
<input type="checkbox"/> Chapter Sustaining Membership (Rates vary per chapter. Call 1.800.336.5152 for rates.....)	\$_____00

A company, institution or individual interested in supporting local chapter efforts. Specify chapter _____.

*Does not count toward the program

Additional Affiliate Membership Options (check those you want to join):

	Annual Rate
<input type="checkbox"/> HTS – Heat Treating Society (asminternational.org/hts).....	+\$25.00
<input type="checkbox"/> IMS – International Metallographic Society (metallography.net).....	+\$25.00
<input type="checkbox"/> TSS – Thermal Spray Society (asminternational.org/tss)	+\$30.00
<input type="checkbox"/> SMST – International Organization on Shape Memory and Superelastic Technologies (smst.org)	+\$50.00
<input type="checkbox"/> EDFAS – Electronic Device Failure Analysis Society (edfas.org).....	+\$25.00
<input type="checkbox"/> FAS – Failure Analysis Society (asminternational.org/web/hts)	+\$25.00
<input type="checkbox"/> SCTE – Society of Carbide and Tool Engineers.....	\$0.00

Referred by: _____
(First and Last Name/Email/ASM Member ID, if known)

Total: \$ _____00

TOTAL PAYMENT (in U.S. Dollars)

Check enclosed (Payable to ASM International) \$ _____

Please charge my credit card:

Visa MasterCard American Express Discover

Charge Card# _____ Exp. Date _____

CVV Code _____

Signature for Credit Card Authorization _____ Date _____

Preferred Billing Address:

Residence Business

Preferred Mailing Address:

Residence Business

CIRCLE ONE:

Mr. Ms. Mrs.

CIRCLE ONE (if applicable):

Dr. Prof.

Name (First, Initial, Last) _____

Position/Title _____ Division/Subsidiary _____ Company _____

Business Address _____

City _____ State/Country _____ Zip/Postal Code _____

Business Phone Number _____ Business Fax Number _____ Email Address (required) _____

Residence Address _____

City _____ State/Country _____ Zip/Postal Code _____

Residence Phone Number _____ Residence Fax Number _____

CHAPTER AFFILIATION: _____

