



ASMC individual membership application

Membership Status

New-Active
 New-Associate
 Renewal No. _____
 I have previously been a member of ASMC

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

Name (First, MI, Last), Suffix _____

Nickname _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (W) _____ (F) _____

E-Mail _____ DSN _____

Designations _____ Chapter _____

Birth Date ____/____/____ Gender M F

Professional Information

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

Rank/Grade _____ Job Series _____

Education Level _____

Career Field:

Accounting and Finance	Budgeting Information	Management	Manpower Management
Acquisition	Comptroller	Management Analysis	Resource Management
Administrative Support	Cost Analysis	Program Analysis	Other
Auditing	Financial Management		

Duty Station _____

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 (the \$5 annual subscription to the Armed Forces Comptroller is included in the one-year and three-year fees). Membership is nontransferable and nonrefundable.

Applicant Signature _____

I was recruited by _____ Recruiter Mbr. No. _____

Mail to: ASMC National Headquarters
 415 N. Alfred St. • Alexandria, VA 22314-2269 • Fax 703-549-3181
Questions? Call 800-462-5637 or 703-549-0360

These Boxes for National Headquarters Use Only	Chapter Code	Amount Paid	Check Number
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