



Aerospace Medical Association  
 320 South Henry Street Fax (703) 739-9652  
 Alexandria, VA 22314-3579

(703) 739-2240 Ext. 107

[www.asma.org](http://www.asma.org)

**APPLICATION FOR CORPORATE MEMBERSHIP**

I hereby apply for Corporate Membership in the Aerospace Medical Association.

**Please select the preferred Tier by ticking the check box to the left of the desired membership tier name in the table below.**

Save completed/signed form and e-mail as attachment to [Membership@asma.org](mailto:Membership@asma.org) or Fax to (703) 739-9652.

Membership Tiers (select one)	<input type="checkbox"/> Standard	<input type="checkbox"/> Bronze	<input type="checkbox"/> Silver	<input type="checkbox"/> Gold	<input type="checkbox"/> Platinum
<b>Cost</b>	\$400.00/Year	\$800.00/Year	\$1,200.00/Year	\$1,750.00/Year	\$2,500.00/Year
<b>Corporate Membership</b>	Yes	Yes	Yes	Yes	Yes
<b>Corporate Forum Participation</b>	Yes	Yes	Yes	Yes	Yes
<b>Corporate Forum Luncheon</b>	\$50.00	1 Free Ticket	1 Free Ticket	1 Free Ticket	1 Free Ticket
<b>AsMA Journal</b>	\$75.00	Free	Free	Free	Free
<b>Advertising Discount</b>	5%	10%	15%	20%	25%
<b>Registration Discount</b>	None	10%	15%	25%	50%
<b>Exhibit Discount</b>	5%	10%	15%	25%	50%
<b>Event Sponsorship (amount applied each year to sponsoring an event at the AsMA Annual Scientific Meeting)</b>	None	\$300.00	\$550.00	\$1,000.00	\$1,500.00
<b>Free Individual Membership(s)</b>	None	None	1	2	3

Bronze, Silver, Gold, and Platinum Members may direct their sponsorship amount to one of the annual events listed below. **Please select ONE (1) event from the list below to sponsor** (NOTE: Each event may have several sponsors)

- AsMA Annual Scientific Meeting Welcome Reception (Sunday evening of the meeting week)
- AsMA Richard “Dick” Trumbo 5K Preventive Medicine Walk/Run (Monday morning of the meeting week)
- AsMA Fellows Dinner (Monday evening of the meeting week)
- AsMA Reception to Honor International Members (Tuesday evening of the meeting week)
- AsMA Associate Fellows Breakfast (Wednesday morning of the meeting week)
- AsMA Honors Night (Thursday evening of the meeting week)

Our corporate interest/experience in the aerospace medicine field is primarily in the following area(s) (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Aeromedical equipment               | <input type="checkbox"/> Civilian aeromedical transportation | <input type="checkbox"/> Life sciences research |
| <input type="checkbox"/> Aerospace engineering/manufacturing | <input type="checkbox"/> Environmental health                | <input type="checkbox"/> Nursing services       |
| <input type="checkbox"/> Aerospace medicine                  | <input type="checkbox"/> Health care services                | <input type="checkbox"/> Occupational medicine  |
| <input type="checkbox"/> Aerospace physiology                | <input type="checkbox"/> Human factors engineering           | <input type="checkbox"/> Pharmaceuticals        |
| <input type="checkbox"/> Air Transportation                  | <input type="checkbox"/> Insurance                           | <input type="checkbox"/> Other (please specify) |

**Organization Name** (as it should be listed): \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**Company Website URL:** \_\_\_\_\_

**Primary Representative:** \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

**Alternate Representative:** \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

**Billing Contact:** \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

**Source of knowledge about the Aerospace Medical Association:** \_\_\_\_\_

**Company Description:** \_\_\_\_\_

**Special Interests:** \_\_\_\_\_

**Please state the reason you want to become a Corporate Member of AsMA:**

PAYMENT:

CREDIT CARD:     VISA    MASTERCARD    AMEX     DISCOVER

CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ CVV: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**For United States Federal Income Tax purposes**, you can deduct as a charitable contribution the price of the membership renewal less the estimated cost of your *Aerospace Medicine and Human Performance* journal subscription. We estimate the cost to produce the journal to be \$75 per year. Any membership contribution in excess of \$75 per year is tax deductible.

**For Non-US members**, the entire membership fee is related to the activities of the Aerospace Medical Association to improve the professional knowledge and practice of its members. This includes subscription to the Association's professional journal, itself part of the education effort of the Association.