



Aerospace Medical Association
320 South Henry Street
Alexandria, VA 22314-3579

(703) 739-2240, ext. 107

www.asma.org

APPLICATION FOR CORPORATE MEMBERSHIP

I hereby apply for Corporate Membership in the Aerospace Medical Association at the following Tier level:

☐ Standard \$450 ☐ Bronze \$800 ☐ Silver \$1,200 ☐ Gold \$1,750 ☐ Platinum \$2,500

Save completed/signed form and email to Membership@asma.org or fax to (703) 739-9652.

Benefits	Standard	Bronze	Silver	Gold	Platinum
Corporate Membership	Yes	Yes	Yes	Yes	Yes
Corporate Forum Participation	Yes	Yes	Yes	Yes	Yes
Corporate Forum Luncheon	\$50.00	1 Free Ticket	1 Free Ticket	1 Free Ticket	1 Free Ticket
AsMA Journal (online only)	\$100.00	Free	Free	Free	Free
Advertising Discount	5%	10%	15%	20%	25%
Registration Discount	None	10%	15%	25%	50%
Exhibit Discount	5%	10%	15%	25%	50%
Event Sponsorship (<i>amount applied each year to sponsoring an event at the AsMA Annual Scientific Meeting</i>)	None	\$300.00	\$550.00	\$1,000.00	\$1,500.00
Free Individual Membership(s)	None	None	1	2	3

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

- ☐ AsMA Annual Scientific Meeting Welcome Reception
☐ AsMA Richard "Dick" Trumbo 5K Preventive Medicine Walk/Run
☐ AsMA Fellows Dinner
☐ AsMA Associate Fellows Breakfast
☐ AsMA Honors Night

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:

METHOD OF PAYMENT: ☐ CHECK

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 \$100 per year. Any membership contribution in excess of \$100 per year is tax deductible.

For Non-U.S. 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.