



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

(703) 739-2240 Ext. 106 or 107
Fax (703) 739-9652
www.asma.org

APPLICATION FOR CORPORATE AND SUSTAINING MEMBERSHIP

I hereby apply for Corporate and Sustaining Membership in the Aerospace Medical Association. I enclose \$450.00 for the annual contribution (minimum of \$450.00), of which \$50.00 will be used for a subscription to the Association's monthly scientific journal, *Aerospace Medicine and Human Performance*.

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

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

Organization Name as it should be listed: _____

Organization Address: _____

Website: _____

Primary Representative: _____
(Last Name) (First Name) (M.I.)

Title: _____

(Telephone Number) (Fax Number) (E-mail Address)

Alternate Representative: _____
(Last Name) (First Name) (M.I.)

Title: _____

(Telephone Number) (Fax Number) (E-mail Address)

Billing Contact: _____
(Last Name) (First Name) (M.I.)

Title: _____

(Telephone Number) (Fax Number) (E-mail Address)

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 \$50 per year. Any membership contribution in excess of \$50 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.