



ASMC individual membership application

Membership Status

New Member Membership Renewal Member ID _____

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

Name (First, M., Last), Suffix _____

Nickname _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (work) _____ (mobile) _____

Email _____ DSN _____

Designation(s) _____ Chapter _____

DOB ____/____/____ Gender M F

Professional Information

Employer AR NV AF MC CG OSD DFAS Other _____

Rank/Grade _____ Job Series _____

Education Level _____

Career Field (Circle one)

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

Duty Station _____

Membership Status

Membership Dues One Year - \$50 Three Years - \$120

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 annual subscription to the Armed Forces Comptroller is included in the one-year and three-year fee). Membership is non-transferable and non-refundable.

Applicant Signature _____ Date _____

I was recruited by _____ Recruiter Mbr. No. _____

Mail to:

ASMC National Headquarters
415 N. Alfred Street, Ste. 300
Alexandria, VA 22314

Fax to: 703-549-3181

Email to: membership@asmconline.org

Questions? Call 800-462-5637 or 703-549-0360