

NEW MEMBER APPLICATION



**START ENJOYING THE MANY ADVANTAGES OF MEMBERSHIP.
JOIN ASM TODAY!**

ASM International brings you the best technical resources through conferences and expositions, education courses, and local chapters! ASM offers a variety of individual membership options to meet your needs as well as Affiliate Society memberships for a low annual fee.

Individual Membership Options (select only one)

- | | Annual Rate |
|---|--------------------|
| <input type="checkbox"/> ASM (includes a one-time \$10 initiation fee, renews at \$112 per year) | \$122.00 |
| <input type="checkbox"/> ASM Student Membership* (full-time middle or high school)..... | \$15.00 |
| <input type="checkbox"/> Chapter Sustaining Membership (Rates vary per chapter. Call 1.800.336.5152 ext. 5651 for rates.....\$ _____. | \$ _____ |
- A company, institution or individual interested in supporting local chapter efforts. Specify chapter _____.

*Does not count toward the program

Additional Affiliate Membership Options (check those you want to join):

- | | Annual Rate |
|---|--------------------|
| <input type="checkbox"/> HTS – Heat Treating Society (asminternational.org/hts) | +\$25.00 |
| <input type="checkbox"/> IMS – International Metallographic Society (metallography.net)..... | +\$25.00 |
| <input type="checkbox"/> TSS – Thermal Spray Society (asminternational.org/tss) | +\$30.00 |
| <input type="checkbox"/> SMST – International Organization on Shape Memory and Superelastic Technologies (smst.org) | +\$50.00 |
| <input type="checkbox"/> EDFAS – Electronic Device Failure Analysis Society (edfas.org)..... | +\$25.00 |
| <input type="checkbox"/> FAS – Failure Analysis Society (asminternational.org/web/hts) | +\$25.00 |
| <input type="checkbox"/> SCTE – Society of Carbide and Tool Engineers..... | \$0.00 |

Referred by: _____
(First and Last Name/Email/ASM Member ID, if known)

Total: \$ _____

TOTAL PAYMENT (in U.S. Dollars)

Check enclosed (Payable to ASM International) \$ _____

Please charge my credit card:

Visa MasterCard American Express Discover

Charge Card # _____ Exp. Date _____

CW Code _____

Signature for Credit Card Authorization _____ Date _____

Preferred Billing Address:

Residence Business

Preferred Mailing Address:

Residence Business

CIRCLE ONE:

Mr. Ms. Mrs.

CIRCLE ONE (if applicable):

Dr. Prof.

Name (First, Initial, Last) _____

Position/Title _____ Division/Subsidiary _____ Company _____

Business Address _____

City _____ State/Country _____ Zip/Postal Code _____

Business Phone Number _____ Business Fax Number _____ Email Address (required) _____

Residence Address _____

City _____ State/Country _____ Zip/Postal Code _____

Residence Phone Number _____ Residence Fax Number _____

Questions? Phone 800.336.5152, ext. 0 | Fax to 440.338.4634

Mail membership form to ASM International, Member Service Center, 9639 Kinsman Road, Materials Park, OH 44073-0002

asminternational.org