



New Member Application

Enjoy the many advantages of membership. Join ASM today!

Individual Membership Options (select only one)

Annual Rate

- ASM Only** (includes a one-time \$10 initiation fee, renews at \$112 per year) **\$122.00**
- ASM Student Membership** (full-time middle or high school) **\$15.00**
- Material Advantage Student Membership** **\$30.00**
(www.materialadvantage.org)
A full-time, post-secondary student interested in receiving member benefits and supporting ACerS, AIST, ASM and TMS.
- SCTE – Society of Carbide and Tool Engineers** **\$0.00**
- Chapter Sustaining Membership** (Rates vary per chapter. Call 1.800.336.5152 ext. 5651 for rate) \$_____.00
A company, institution or individual interested in supporting local chapter efforts. Specify chapter _____.

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

Annual Rate

- HTS – Heat Treating Society** (www.asminternational.org/hts) **+\$25.00**
- IMS – International Metallographic Society** (www.metallography.net) **+\$25.00**
- TSS – Thermal Spray Society** (www.asminternational.org/tss) **+\$30.00**
- SMST – International Organization on Shape Memory and Superelastic Technologies** (www.smst.org) **+\$50.00**
- EDFAS – Electronic Device Failure Analysis Society** (www.edfas.org) **+\$25.00**
- FAS – Failure Analysis Society** (www.asminternational.org/fas) **+\$25.00**

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 _____

Signature for Credit Card Authorization _____

Date _____

PLEASE PRINT CLEARLY OR TYPE:

Preferred Billing Address:

Residence Business

Preferred Mailing Address:

Residence Business

Circle One:

Mr. Ms. Mrs. Dr. Prof.

Gender:

Male Female Prefer not to say

Student History (if applicable):

Material Advantage Student Camp Participant

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 _____

ASM selectively permits use of its purchaser list by advertisers of products which the Society deems to be of high interest to our purchasers.

Please check here if you DO NOT wish to receive these mailings.

I wish to opt out of 3rd party emails

Mail or fax to 440.338.4634. Questions? Phone 800.336.5152, ext. 0. Mail payment to ASM International, Member Services Center, 9639 Kinsman Road, Materials Park, OH 44073-0002.

www.asminternational.org