



Aerospace Medical Association  
 320 South Henry Street Fax (703) 739-9652  
 Alexandria, VA 22314-3579

(703) 739-2240 Ext. 106 or 107

[www.asma.org](http://www.asma.org)

**APPLICATION FOR CORPORATE MEMBERSHIP**

I hereby apply for Corporate Membership in the Aerospace Medical Association. Please select the preferred Tier from the following list:

- Standard \$400     Bronze \$800     Silver \$1,200     Gold \$1,750     Platinum \$2,500

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

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

\*The journal subscription is for online only. A print subscription is available for \$100.

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: each event may have several sponsors)

- AsMA Annual Scientific Meeting Welcome Reception (Sunday evening of the meeting week)
- AsMA Richard “Dick” Trumbo 5K Preventive Medicine Walk/Run (Monday morning of the meeting week)
- AsMA Fellows Dinner (Monday evening of the meeting week)
- AsMA Associate Fellows Breakfast (Wednesday morning of the meeting week)
- AsMA Honors Night (Thursday evening of the meeting week)

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:**

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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.