

ASMC individual membership application

Membership Status

☐ New-Active ☐ New-Associate ☐ Renewal No. _____ ☐ I have previously been a member of ASMC

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

Name (First, MI, Last), Suffix _____

Nickname _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (W) _____ (F) _____

E-Mail _____ DSN _____

Designations _____ Chapter _____

Birth Date ____/____/____ Gender ☐ M ☐ F

Professional Information

Employer *(Circle One)* AR NV AF MC CG OSD DFAS Other _____

Rank/Grade _____ Job Series _____

Education Level _____

Career Field:	Accounting and Finance	Budgeting	Information Management	Manpower Management
	Acquisition	Comptroller	Management Analysis	Resource Management
	Administrative Support	Cost Analysis	Program Analysis	Other
	Auditing	Financial Management		

Duty Station _____

Payment Information

Membership Dues ☐ One Year - \$26 or ☐ Three Years - \$75

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 \$5 annual subscription to the Armed Forces Comptroller is included in the one-year and three-year fees). Membership is nontransferable and nonrefundable.

Applicant Signature _____

I was recruited by _____ Recruiter Mbr. No. _____

Mail to: ASMC National Headquarters
415 N. Alfred St. • Alexandria, VA 22314-2269 • Fax 703-549-3181
Questions? Call 800-462-5637 or 703-549-0360
or email at asmchq@asmconline.org

*These Boxes for
National Headquarters
Use Only*

Chapter Code

Amount Paid

Check Number