

## Class Roster – 5406-ASMC-1503 – 8:30am to 11:30pm

Please clearly PRINT your name as it should appear on your certificate. Clearly PRINT your complete business address to ensure timely receipt of your certificate.

\* First Name \_\_\_\_\_ M.I. \_\_\_\_\_ \* Last Name \_\_\_\_\_

Job Title \_\_\_\_\_

Civilian/Military \_\_\_\_\_

Grade/ Rank \_\_\_\_\_

Service/Organization \_\_\_\_\_

Building, Room #, Mail Stop, Mail Code, Post Office Box, etc. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Telephone ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

\* E-Mail Address \_\_\_\_\_

\* Supervisor Name (Printed) \_\_\_\_\_

\* Supervisor Email \_\_\_\_\_

\* Supervisor Signature \_\_\_\_\_

\* ASMC MEMBER # \_\_\_\_\_