

Affiliate Membership Application

Please print or type

Name: Mr. Ms. Miss	Mrs. Dr.			11	
Gender: 🗌 Male	Female	First	MI	Last	Designation (HT, HTL, RN, etc)
		Birthdate:	MM/DD/YYYY		
Contact Information: Office:			Homo		
Facility Name:			Home: Addres		
Address:					
Country:			Countr	y:	
Office phone:			Phone	:	
Office fax:					
Email:				Send corr	espondence to:
				Office	address
				🗌 Home	address
Company Description:					
Exclude me from:					
Exclude the from:					
□ Fax communications					
□ Text/SMS communicati	ons				
Online member directo					
Membership Dues and Application Fee					
• •		•			25 application fee (\$325 total). Upon
Approval of your member Members area of the ASM		-			as instructions on how to access the nd member directory.
JOIN ONLINE AT WWW.M					
Check enclosed	-	: ASMH Me			2024 Dues Amount:
			Vells Street,	Suite 1100	\$300.00
		Milwauke	e, WI 53202		·
MasterCard VISA	American Ex	press 🗌 Disc	over		
Card number:				Expiration Date (MMYY):	
Name of cardholder:					
Cardholder signature:					