



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 **National Guard**

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:
National Guard Chapter-ASMC, c/o USFPO for Pennsylvania
ATTN: SGM Scott Hentz
Dept of Mil & Vet Affairs, Annville, PA 17003-5003
If paying by credit card, Fax to 717-861-8569 or DSN 491-8569
Questions? Call 717-861-8568, DSN 491-8568 or email scott.hentz@us.army.mil

<small>These Boxes for National Headquarters Use Only</small>	Chapter Code	Amount Paid	Check Number
---	---------------------	--------------------	---------------------