



2013
Corporate Council
Membership Application

New Application Membership Renewal (if renewing – please note changes)

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Web Address: _____

Authorized Representatives:

Primary _____ email: _____ Phone _____
Alternate _____ email: _____ Phone _____

Please give a brief description of the type of business you represent:

Please give a brief description of the product/service you offer:

Annual Membership Dues*

- _____ \$10,000 Level Booth over 400 sq. feet
- _____ \$5,000 Level Booth between 201-400 sq. feet
- _____ \$1,200 Level Booths 200 sq. feet and under or nonexhibitors

**Membership level is based on booth size at the ASMBS Annual Meeting*

Credit Card # _____ Expiration Date _____

Name of Cardholder _____

Billing Address of Cardholder _____

Signature _____

*The ASMBS accepts checks, VISA, MasterCard, and American Express
Dues must be received by December 31 to receive priority points for booth space.*

Remit this form along with payment to:

ASMBS, Attn: Martha Lindsey, 100 SW 75th Street, Suite 201, Gainesville, FL 32607

To charge, fax this completed form to: 352-331-4975