MEMBERSHIP RENEWAL FORM
January 1, 2022 – December 31, 2022

Please check personal information.

Name: ___________________________ ASM Member? ___________ ASM Membership No: ___________

Preferred Mailing Address: ___________________________ Home/ Business Address: ___________________________

Phone (Day): ___________________________ Preferred Email: ___________________________

Phone (Other): ___________________________ Other Email: ___________________________

Professional Position: ___________________________ Specialty: ___________________________

Primary Area of interest: ___Biotechnology ___Education ___Marketing/Sales
___Clinical/Public Health ___Industrial Other: ___________

Are you interested in any of the following Branch activities? ___Working on Committees ___Running for Office

MEMBERSHIP OPTIONS:
___Individual ($ 15.00 annually) ___Individual ($ 40.00 / 3 years) ___Student ($ 10.00 annually)
___Emeritus* (No Charge) *Emeritus membership is defined as a member who is in good standing for 20 consecutive years, and who is retired from their profession.

___ UPDATE ONLY ENCLOSED (changes can be emailed to NEBranch-ASM@comcast.net)

Renewals postmarked after September 1, 2021 will be effective 9/1/21-12/31/22.

Please renew either with your annual ASM membership or mail this form and dues check (payable to NORTHEAST BRANCH-ASM) to:

Patricia E. Kludt
6 Abigail Drive
Hudson, MA 01749

Date Dues Received: ___________
Check No.: ___________

September 2021