



MEMBERSHIP RENEWAL FORM

January 1, 2024 – December 31, 2024

Please check personal information.

Your Dues Are Paid Through:

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, 2023 will be effective 9/1/23-12/31/24.

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.: _____