American Society of Tropical Medicine and Hygiene

AFFILIATE MEMBERSHIP APPLICATION

Affiliate membership is an opportunity for a company, corporation, foundation or other type of organization to support and participate in the Society and its mission.

COMPANY

MAIN CONTACT / MAIL TO

ADDRESS

CITY STATE ZIP COUNTRY

TELEPHONE FAX

E-MAIL

DUES FOR CALENDAR YEAR

(January through December) are as follows:

Patron . . . . . ($5,000 or more). . $_____

Donor. . . . . ($1,000 – $4,999). . $_____

Contributor . . . . . ($500 – $999). . $_____

❑ Check here if you plan to sponsor students as part of your affiliate membership.
Please e-mail the first name, last name and e-mail addresses to bfinn@astmh.org.

Voluntary Contribution to ASTMH Commemorative Fund . . . . . $. . $_____

Total enclosed $_____

Contributions and gifts to ASTMH are deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible by members as an ordinary and necessary business expense. ASTMH is a 501(c)(3) organization. Consult your tax advisor for further information.

PAYMENT

☐ Check enclosed ☐ VISA ☐ MasterCard

CARD# EXP. DATE

SIGNATURE OF CARDHOLDER NAME OF CARDHOLDER

Full payment must accompany this application. All checks must be made in U.S. dollars, drawn on U.S. banks. U.S. postal money orders, U.S. travelers checks, VISA or MasterCard will also be accepted.

SEND TO:

American Society of Tropical Medicine and Hygiene
111 Deer Lake Road, Suite 100
Deerfield, IL 60015
+1-847-480-9592 Fax: +1-847-480-9282

FOR OFFICE USE

DATE AMOUNT

ID# INIT