



1916 Race Street
Philadelphia, PA 19103

(215) 299-5462
TWX: 710-670-1037

1986 MEMBERSHIP APPLICATION

OPTIONAL METHOD OF PAYMENT:

☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ VISA

ACCOUNT NO. (ALL DIGITS)

EXPIRATION DATE

SIGNATURE

APPLICATION IS MADE FOR MEMBERSHIP IN ASTM:

☐ MEMBER

AN INDIVIDUAL OR AN INSTITUTION (EDUCATIONAL, PUBLIC LIBRARY, OR A SCIENTIFIC ENGINEERING, OR TECHNICAL NON-PROFIT SOCIETY) SUBSCRIBING TO THE PURPOSES OF THE SOCIETY PROVIDED IN THE CHARTER AND BYLAWS.

☐ ORGANIZATIONAL

AN INDIVIDUAL, BUSINESS, GOVERNMENTAL, RESEARCH, OR PROFESSIONAL ORGANIZATION, OR TRADE ASSOCIATION, OR SEPARATE FACILITY THEREOF SUBSCRIBING TO THE PURPOSES OF THE SOCIETY PROVIDED IN THE CHARTER AND BYLAWS.

PLEASE PRINT ALL INFORMATION CLEARLY. DO NOT EXCEED THE CAPACITY OF EACH LINE.

	LAST	FIRST	INITIAL
NAME			
COMPANY NAME			
JOB TITLE			
FACILITY			
STREET			
P.O. BOX			
CITY		STATE	ZIP
PHONE	() -	EXTENSION	
COUNTRY			

OFFICIAL REPRESENTATIVE (ORGANIZATIONAL MEMBERSHIP ONLY)

	LAST	FIRST	INITIAL
NAME			
TITLE			

IF HOME ADDRESS TO BE USED FOR MAILINGS PLEASE COMPLETE BELOW (AFTER COMPLETING ABOVE).

ADDRESS			
CITY		STATE	ZIP

PLEASE SEND INFORMATION ON THE FOLLOWING COMMITTEES: _____

BENEFITS AND FEES FOR 1986

MEMBER - ANNUAL FEE
ORGANIZATIONAL - ANNUAL FEE

\$ 50.00
\$350.00

1 JANUARY - 31 DECEMBER
1 JANUARY - 31 DECEMBER

ANNUAL BOOK OF ASTM STANDARDS

- ONE FREE VOLUME - BOOK OF ASTM STANDARDS
- UNLIMITED NUMBER OF VOLUMES AT MEMBER PRICES
- SPECIAL QUANTITY PRICES ON INDIVIDUAL BOOKS AND STANDARDS

- REDUCED RATES FOR COMPLETE SETS OF STANDARDS AND SECTIONS
- ONE FREE ANNUAL SUBSCRIPTION TO STANDARDIZATION NEWS
- MEMBER DISCOUNT ON OTHER PUBLICATIONS

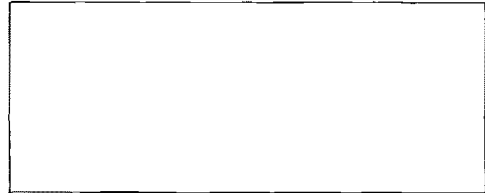
MAIL TO: ASTM ATTN: MEMBER SERVICES

8/85 PRINTED IN USA

MOVING?

To insure uninterrupted service on your *JTE* subscription, please notify us at least six weeks before you move.

1. Attach your address label from a recent issue in the space provided opposite. (If label is not available, be sure to give your old address, including Zip Code.)



2. Print your name, membership no., and address below. (Be sure to include Zip Code.)

3. Mail entire notice to: ASTM
Subscription Dept.—JTE
1916 Race St.
Philadelphia, PA 19103

Name _____ Membership No. _____

New Address _____

City _____ State _____ Zip Code _____

(please print or type the above information)