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Please complete the following information as it pertains to you and your organization.

Professional Areas of Interest \_\_\_\_\_

**Organizational Data (please check one only)**

1. Book Dealer/Store \_\_\_\_\_
2. College/University \_\_\_\_\_
3. Consultant \_\_\_\_\_
4. Consumer \_\_\_\_\_
5. Government Type: federal \_\_\_\_\_ state \_\_\_\_\_ city \_\_\_\_\_ local \_\_\_\_\_
6. Hospital/Medical Center \_\_\_\_\_
7. Industry Type: corporation \_\_\_\_\_ partnership \_\_\_\_\_ proprietorship \_\_\_\_\_
8. Labor Union \_\_\_\_\_
9. Library Type: public \_\_\_\_\_ corporate \_\_\_\_\_ academic \_\_\_\_\_ other \_\_\_\_\_
10. Professional Society/Association \_\_\_\_\_
11. Other \_\_\_\_\_

**Classification of Primary Business and/or Industry**

- a. Agriculture \_\_\_\_\_
- b. Communication \_\_\_\_\_ Type: Telephone \_\_\_\_\_ Radio \_\_\_\_\_ Television \_\_\_\_\_ Other \_\_\_\_\_
- c. Contract Construction \_\_\_\_\_
- d. Environment \_\_\_\_\_ Type: Air \_\_\_\_\_ Geothermal \_\_\_\_\_ Spill Control \_\_\_\_\_  
Solar \_\_\_\_\_ Water \_\_\_\_\_ Other \_\_\_\_\_
- e. Fire (testing/related equipment) \_\_\_\_\_
- f. Forestries/fisheries \_\_\_\_\_
- g. Highway/Road Construction \_\_\_\_\_
- h. Laboratories (testing or materials) \_\_\_\_\_
- i. Landscaping \_\_\_\_\_
- j. Manufacturing \_\_\_\_\_
- k. Medicine and related areas \_\_\_\_\_ Type: \_\_\_\_\_
- l. Mining \_\_\_\_\_
- m. Oceanography \_\_\_\_\_
- n. Packaging \_\_\_\_\_
- o. Pesticides \_\_\_\_\_
- p. Product Safety \_\_\_\_\_
- q. Public Utility \_\_\_\_\_ Type: Air \_\_\_\_\_ Electric \_\_\_\_\_ Gas \_\_\_\_\_ Sanitary Services \_\_\_\_\_  
Nuclear \_\_\_\_\_ Water \_\_\_\_\_ Other \_\_\_\_\_
- r. Research and Development \_\_\_\_\_
- s. Resource recovery \_\_\_\_\_
- t. Sensory Evaluation \_\_\_\_\_
- u. Services Industries \_\_\_\_\_  
Type: Amusement & Recreation \_\_\_\_\_  
Business \_\_\_\_\_ Type: Financial \_\_\_\_\_ Insurance \_\_\_\_\_ Legal \_\_\_\_\_  
Management \_\_\_\_\_ Marketing/Sales \_\_\_\_\_  
Educational \_\_\_\_\_ Hotel/Lodging \_\_\_\_\_ Motion Picture \_\_\_\_\_
- x. Transportation \_\_\_\_\_ Types: Aerospace \_\_\_\_\_ Aircraft \_\_\_\_\_ Motorcycles \_\_\_\_\_  
Passenger Cars \_\_\_\_\_ Services \_\_\_\_\_ Ships/Boats \_\_\_\_\_  
Trucks \_\_\_\_\_ Railroads \_\_\_\_\_
- y. Retail Trade \_\_\_\_\_
- z. Wholesale/Trade \_\_\_\_\_

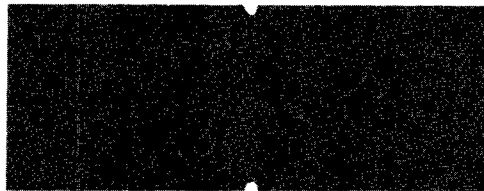


**1983 MEMBERSHIP APPLICATION**

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3. Mail entire notice to: **ASTM**  
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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*(please print or type the above information)*