



1916 Race Street  
Philadelphia, PA 19103

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

# 1984 MEMBERSHIP APPLICATION

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			
BOX NO.			
CITY		STATE	ZIP
PHONE	(	)	-
COUNTRY		EXTENSION	

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 1984

MEMBER - ANNUAL FEE	\$ 50.00	1 JANUARY - 31 DECEMBER
ORGANIZATIONAL - ANNUAL FEE	\$350.00	1 JANUARY - 31 DECEMBER

## ANNUAL BOOK OF ASTM STANDARDS

- |  |  |                |
|--|--|----------------|
| • ONE FREE VOLUME                              | • PRICE OF COMPLETE SET: INDIVIDUAL MEMBER             | \$2,300        |
| • ONE FREE INDEX 1983 OR 1984                  | (66) VOLUMES   | ORGANIZATIONAL |
| • UNLIMITED NUMBER OF VOLUMES AT MEMBER PRICES | • ONE FREE ANNUAL SUBSCRIPTION TO STANDARDIZATION NEWS | \$1,900        |
| • SPECIAL QUANTITY PRICES (SEE PROSPECTUS)     | • MEMBER DISCOUNT ON OTHER PUBLICATIONS                |                |

MAIL TO: ASTM ATTN: MEMBER SERVICES

8/83 PRINTED IN USA

Copyright © 1984 by ASTM International

# 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**  
*Journal of Testing and Evaluation*  
**P.O. Box 64106**  
**Baltimore, MD 21264**

Name \_\_\_\_\_ Membership No. \_\_\_\_\_

New Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(please print or type the above information)