



MEMBERSHIP APPLICATION

ASAP is a professional, individual membership society. Please be certain to review the ASAP Principles and Bylaws located on the ASAP website at www.accesspro.org. The ASAP membership year runs from October 1 – September 30.

Last Name: _____ First Name: _____ Middle Initial: _____

Nickname: _____

Title/Position: _____ (i.e. FOIA Specialist, Privacy Act Officer)

Agency/Company: _____

(Please do not use Agency abbreviations such as DOI: Correct Example: Dept. of the Interior)

Office/Agency Component: _____

(Please do not use Agency abbreviations such as BLM: Correct Example: Bureau of Land Management)

Is the **Mailing Address** your home or work address? _____ Home _____ Work

Agency/Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip/Postal: _____

(Used for future on-line membership directory, registration list, etc)

Is the **Published Address** a home or work address? _____ Home _____ Work

Agency/Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip/Postal: _____

Office Telephone: _____ Office Fax: _____

Email: _____ **IMPORTANT – Most of the ASAP communications are through email.**

Check if you do NOT want to be included in the on-line Membership Directory (future item).

MY AFFILIATION IS: (Please check)

- Interested Individual Federal Government Agency State/Local Government Agency
- Foreign Government Public Interest Organization Association/Society
- University/College Law Firm/Lawyer Media
- Publication Contractor: _____ Other: _____

I want to be active in ASAP, I am interested in helping with: _____

PAYMENT INFORMATION

Membership is October 1 – September 30. (Paid memberships based on previous calendar year schedule will be honored through December 31 of their paid year.)

ASAP membership \$50 per year

I am paying dues for: 2017 Total Amount Due:

ASAP accepts the following:

- Check or Money Order
 VISA MasterCard American Express IMPAC/Government Credit Card

Authorized Amount: _____

Name on Card: _____

Account Number: _____

Expiration Date: _____

Card Holder Email (REQUIRED FOR RECEIPT): _____

Card Holder Telephone: _____

Card Holder Fax: _____

For payments other than credit card:

Please submit your application and payment to:

**AMERICAN SOCIETY OF ACCESS PROFESSIONALS
ATTN: MEMBERSHIP DEPARTMENT
1444 I STREET NW SUITE 700
WASHINGTON, D.C. 20005-6542
E-FAX: 202-216-9646 analog Fax: 202-216-0246
Tel: 202-712-9054**