

American Society of Animal Science: Corporate Sustaining Membership Application

To become a Corporate Sustaining Member, please print this application, complete it and mail it with payment to:

American Society of Animal Science
PO Box 7410, Champaign, IL 61826

If you are paying by credit card, you may FAX the application to 217-215-0420. The membership year is January 1 through December 31. All memberships, regardless of the date joined, must be renewed each January.

_____ Check if this is a Renewal

Company Name: _____

Contact Name:

__ Dr. __ Mr.

__ Ms. __ Mrs.

First

MI

Last

Title: _____

Mailing Address:

City: _____ State (Province): _____

Country: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

Membership Data Bank

Business Functions (check all that apply; please CIRCLE your primary business occupation)

___ Agency

___ Animal Health

___ Association: Trade or Non-profit

___ Biotechnology

___ Computer Software

___ Contract/Testing Labs

___ Food Ingredients

___ Equipment Manufacturer

___ Feed or Feed Additives, vitamins,
minerals

- Food Safety/HAACP/Test Kits
- Genetic Stock
- Lab Instruments or Lab Supplies
- Nutrition Consulting

- Processor/Packer
- Producer
- Publisher
- Ultrasound Services/Equipment

Animals/Products Applicable to your Business Functions

- Beef Cattle
- Companion Animals
- Dairy Cattle
- Dairy Products
- Equine
- Exotics/Zoo
- Forage
- Ice Cream/Frozen Dairy Products

- Goats
- Laboratory Animals
- Meat
- Poultry & Other Avian
- Sheep
- Swine
- Other

Job Functions (check all that apply)

- Consultant
- Financial Advisor
- Importer/Exporter
- Nutritionist
- Purchasing
- Trade Association Executive

- Extension/Education
- Food Processing/Marketing
- Marketing Director/Manager
- Production Management
- Research Director
- Veterinarian

\$1000 Corporate Sustaining Membership - *Includes paper copy and electronic form of Journal of Animal Science*

Total Payment \$_____ (payable in U.S. funds only)

Payment Options:

- Check (Payable to: ASAS)
- Credit Card: American Express _____ MasterCard _____ Visa _____ Discover _____

Card Number:_____ **Expiration Date:**_____

Cardholder's Signature:_____