



**2019 Corporate Council Membership Application
January 1 – December 31, 2019**

Dues received by December 31 will receive priority points for exhibit booth placement at next annual OW meeting.

New Application

Membership Renewal (if renewing – please note any changes)

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Web Address: _____

Company Representatives:

Primary _____ email: _____ Phone _____

Alternate _____ email: _____ Phone _____

Annual Membership Dues

The ASMBS accepts checks, VISA, MasterCard, and American Express

- _____ \$1,200 Level Companies who host a Booth 200 square feet and under or are a non-exhibitor
- _____ \$5,000 Level Companies who host a Booth between 201-400 square feet
- _____ \$10,000 Level Companies who host a Booth over 400 square feet

To pay by credit card, fax this completed form to: 352-331-4975

Credit Card # _____ Expiration Date _____

Name of Cardholder (please print) _____

Billing Address of Cardholder _____

Email address of Cardholder: _____

Signature _____

To pay by check, remit this form along with payment to:

ASMBS Attn: Corporate Council Membership
14260 W. Newberry Rd, #418
Newberry, FL 32669-2765
Attn: Beth Pate, Corporate Council Liaison
beth@asmbs.org
(352) 331-4900

We appreciate your commitment to the industry and look forward to working with you!



2019 Corporate Council Membership Application Online Products & Services Guide

- Check if the information is new or updated Please review ASMBS.org

Company Information

Company Name: _____

Address: _____ City _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Website: _____

Company Email: _____

Company Contact:

First Name _____ Last Name _____ Title/Position _____

Phone # _____ Fax # _____

Email: _____

Company Customer Service Information

Main # _____ Alternate # _____ Fax # _____

We want to get the advertising started asap. Please provide us the following:

Product and Services

Type of Product or Service _____

Category (Nutrition, Imaging, Equipment, Consulting & Program Development, Supplements, Insurance, Pharmaceuticals, or Instruments/Devices) _____

Target Market (i.e. Dietary, Support Groups, Surgical, etc.) _____

Company Description

Please provide attached:

1. short - max 200 characters
2. long – 200+ characters

Logo: Please send logo **in separate file** formatted for website advertising. (A maximum of 300 pixels in length, JPG or GIF or 72 dpi)

Email: Beth Pate, Corporate Council Liaison – beth@asmbs.org