



**2020 Corporate Council Membership Application  
January 1 – December 31, 2020**

*Dues received by February 10<sup>th</sup>, 2020, 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*

\_\_\_\_\_ \$1,500 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 Road, #418  
Newberry, FL 32669-2765  
Attn: Corporate Council Liaison  
corporate@asmbs.org  
(352) 331-4900

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

**2020 Corporate Council Membership Application**  
**Online Products & Services Guide**

Check if the information is new or updated

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, so please provide us the following:

**Product and Services**Type of Product or Service:  

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

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

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**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: [corporate@asmbs.org](mailto:corporate@asmbs.org)