



2022 Corporate Council Membership Application
January 1 – December 31, 2022

checkbox New Application checkbox 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

\*See Corporate Council Member Benefits for membership level information
The ASMBS accepts checks, VISA, MasterCard, and American Express

\_\_\_\_\_ \$500 Bronze Level (For 3 employees or less)

\_\_\_\_\_ \$1,500 Silver Level

\_\_\_\_\_ \$5,000 Gold Level

\_\_\_\_\_ \$10,000 Platinum Level

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

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

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  
14407 SW 2nd Place Suite F-2  
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!

**2022 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 wish to begin advertising as soon as possible, 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 a 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)