



2023 Corporate Council Membership Application
January 1 – December 31, 2023

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!

2023 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:

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 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