

Student Membership Gift Order Form

THE AMERICAN SOCIETY OF MECHANICAL ENGINEERS

Instructions:

Please complete all three sections of this form and return with payment to ASME via email at customercare@asme.org



GIFT GIVER (PLEASE COMPLETE ALL APPLICABLE FIELDS)

First /Given Name	Last /Given N			ame			MI	Date
ASME Member # (if applicable	e)			Re	lationship to Recip	oient (optional)		
Company				_ Primary Mai	ling Address 🗖	Home \Box	Business	As soon as your order
Address								has been processed,
City			State/Province	e	Zip/Posta	al Code		we will send your gift membership recipient
Country Telephone (w/area code) Mobile				Home □Busi	ness			an email acknowledging
Email Address								your generosity!
2 GIFT REC	CIPIENT (ATTACH A	A SEPARATE	SHEET FO	R EACH GIFT	RECIPIEN	T)	
First /Given Name				Speci	al Gift			
Last /Given Name				Memb	ership Of	ffer		
MI	Gender	\square M	□F	Save 2	5% Today!			
Birthdate (if known)		(M	M/DD/YYYY)		nt will receive all			
Current Street Address 🗖 On	n Campus 🖵 Of	f Campus			cluding a monthly <i>ical Engineering</i> m		ption	
Address				to moonan	oai Enginooning ii	nagazino.		
City			State	□ _{ASME}	Student Membe	er		\$18.75 USD (Regularly \$25)
Zip CodeTel. (w	v/area code)							, ,
Email Address				Recipient is	a: 1st yr/Fresl	hman 🗖 2nd	yr/Sophomore	□3rd yr/Junior □4th yr/Senior □Graduate
Permanent/Home Address (if known)				Recipient is currently seeking the following degree: <i>(check one)</i> BA BE BS MA ME MS PhD ScD Other (Describe)				
City				Name of U				Campus
State Zip Code					,	(0.1		·
Send mail to:	ess P ermane	ent Address		Anticipated	d Graduation date_	(IV	IM) /(Y	Υ)
3 PAYMENT	INFORM	IOITAN	(PLEASE	INDICATE A	MOUNT AND	METHOD.	PAYMENT M	MUST ACCOMPANY FORM)
Gift Dues F	Payment A	mount			Gift Due:	s Payme	nt Method	

Please enter amount indicated in section 2 above.

\$ _____ ASME Gift Membership Dues * Sales Tax

Residents of South Dakota and Canada are required to calculate and add sales tax to their payment when paying by Check or Money Order.* Sales tax will be applied automatically when paying by Credit Card if applicable.

Payment must accompany application. Return to ASME via email

ant bacs i ayment wethou										
☐ Check (payable to ASME)	AmEx	Visa	Mastercard	Discover						
Credit Card Number	CVV2/CVC2									
Exp. Date (MM/YY)										
Cardholder Name										
Cardholder Signature										
Please return the completed form with payment to ASME via email at customercare@asme.org										

ASME

290 West Mount Pleasant Ave, Suite 1400 Livingston, NJ 07039 U.S/Canada: (800) 843-2763 Mexico: (001)-800-843-2763 Outside North America: (646) 616-3100 Email: CustomerCare@asme.org

Market Code: GIFTMEMSTU