

**Society For Advancement of Management
Educator/Practitioner Membership Application/Renewal Form**

Instructions:

Please complete this form and if you are paying with PayPal account or Visa, MasterCard or Discover Card, you can email this form to sam@samnational.org. Or, if you prefer to mail the form, please mail it to the address provided below.

If completing this form for multiple members and paying with a PayPal account or Visa, MasterCard or Discover Card, you only need to provide the account information on one form if using the same account to pay for all members.

Fields marked with an * are required.

Name:

First* _____

Last* _____

Middle _____

Position/Title* _____

Company/University* _____

Mailing Address:

Street Address* _____

Apt, Suite, Bldg. _____

City* _____

State/Province/Region* _____

Postal/Zip Code* _____

Country _____

Phone:

Preferred Phone Number* _____

Alternate Phone Number _____

Email:

Preferred Email* _____

Secondary Email _____

Registration* (USD)

- _____ Professional \$80.00 / yr (US or International)
- _____ Retired \$45.00 / yr
- _____ Academic \$55.00 / yr (US)
- _____ Academic \$65.00 / yr (International)
- _____ Associate/Graduate Student* \$40 / yr (US)
- _____ Associate/Graduate Student* \$50 / yr (International)

Total Amount (USD): \$ _____

* Former campus member, within six months of graduation, for a two-year period

Credit Card Information: (**all information is required**)

Credit Card Type: Visa _____ or MasterCard _____ or Discover _____

Card Number: _____

Security Code: _____

Expiration Date: _____

Name of Card Holder (Name on card):

Name _____

Address (associated with credit card):

Street Address _____

Apt, Suite, Bldg. _____

City _____

State/Province/Region _____

Postal/Zip Code _____

Country _____

Signature of Card Holder: _____

If paying by check or money order, please make payable to **Society for Advancement of Management** and attach to this form.

Mail this form to the following address:

Society for Advancement of Management
University of Illinois Springfield
One University Plaza, UHB 4000
Springfield, Illinois 62703-5407