

**Society For Advancement of Management
Student 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 students 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 students.

Fields marked with an * are required.

Name:

First* _____
Last* _____
Middle _____

College/University* _____
Expected Date of Graduation* _____

Mailing Address:

Street Address* _____
Apt, Suite, Bldg. _____
City* _____
State/Province/Region* _____
Postal/Zip Code* _____
Country _____

Alternate Mailing Address: (if different from above)

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 _____

SAM Membership Dues* (USD)

_____ Associate/Graduate Student* \$40 / yr (US)

_____ Associate/Graduate Student* \$50 / yr (International)

_____ Student \$30 / yr (US)

_____ Student \$40 / yr (International)

Total Amount (USD): \$ _____

** Dues are for a year or a part of the academic year

** Membership benefits do not start until application is received and processed.

* 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