

**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](mailto: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
- \_\_\_\_\_ Retired \$45.00 / yr
- \_\_\_\_\_ Academic \$55.00 / yr
- \_\_\_\_\_ Associate \$40.00 (For first year after graduation)

Total Amount (USD): \$ \_\_\_\_\_

\*\* Dues are for one year from date payment is received

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

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