



SOCIETY FOR ADVANCEMENT OF MANAGEMENT

COLLEGIATE MEMBERSHIP APPLICATION

BASIC MEMBER INFORMATION

First Name: _____
 Last Name: _____
 College/University: _____
 Expected Date of Graduation : _____
Month / Year
 Email Address: _____

MAILING ADDRESS

Street Address: _____
 Apt, Suite, Bldg: _____
 City: _____
 State: _____ Zip Code: _____

ADDITIONAL CONTACT INFORMATION

Phone Number: _____
 Alternate Email: _____
 Birthday : _____
Month & Day Only

PAYMENT METHOD

Credit Card: For Credit Card Payments please go to www.samnational.org to make your payment online through our secure payment gateway.

Check \ Money Order : _____ MAKE CHECK PAYABLE TO: **MEMBERSHIP TYPE**
Check Number SOCIETY FOR ADVANCEMENT OF MANAGEMENT

Amount Enclosed: _____
Payments Accepted in USD Only

Collegiate (\$30.00)
 Associate (\$40.00)
 International Add -On(\$10.00)

Mail Form & Payment To: Society for Advancement of Management
C/O University of Illinois Springfield
One University Plaza, UHB 4000
Springfield, Illinois 62703-5407

Note: Membership benefits begin when an application is recieved and processed with headquarters. Membership expires 365 days from the benefits start date.