



SOCIETY FOR ADVANCEMENT OF MANAGEMENT

STANDARD MEMBERSHIP APPLICATION

BASIC MEMBER INFORMATION

First Name: _____
Last Name: _____
Position/Title: _____
Employer/Institution: _____
Preferred Email: _____

MEMBERSHIP TYPE

Professional (\$80.00)
For those who are practitioners of management who are not employed by an academic institution.

Associate (\$40.00)
For those who have graduated from an academic institution within the previous year.

Academic (\$55.00)
For those who are employed as Faculty or Staff with an academic institution of higher learning.

Retired (\$45.00)
For practitioners and educators who have retired and are no longer active in their respective fields.

MAILING ADDRESS

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

ADDITIONAL CONTACT INFORMATION

Alternate 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 : _____ **Amount Enclosed:** _____
Check Number Payments Accepted in USD Only

MAKE CHECK PAYABLE TO: SOCIETY FOR ADVANCEMENT OF MANAGEMENT

**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.