



**MEMBERSHIP APPLICATION**

ASAP is a professional, individual membership society. Please be certain to review the ASAP Principles and Bylaws located on the ASAP website at [www.accesspro.org](http://www.accesspro.org). The ASAP membership year runs from October 1 – September 30.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Nickname: \_\_\_\_\_

Title/Position: \_\_\_\_\_ (i.e. FOIA Specialist, Privacy Act Officer)

Agency/Company: \_\_\_\_\_

(Please do not use Agency abbreviations such as DOI. Correct Example: Dept. of the Interior)

Office/Agency Component: \_\_\_\_\_

(Please do not use Agency abbreviations such as BLM: Correct Example: Bureau of Land Management)

Is the **Mailing Address** your home or work address? \_\_\_\_\_ Home \_\_\_\_\_ Work

Agency/Company: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

(Used for future on-line membership directory, registration list, etc)

Is the **Published Address** a home or work address? \_\_\_\_\_ Home \_\_\_\_\_ Work

Agency/Company: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**IMPORTANT** – Most of the ASAP communications are through email.

Check if you do NOT want to be included in the on-line Membership Directory (future item).

MY AFFILIATION IS: (Please check)

- Interested Individual                       Federal Government Agency                      State/Local Government Agency
- Foreign Government                       Public Interest Organization                       Association/Society
- University/College                       Law Firm/Lawyer                       Media
- Publication                       Contractor: \_\_\_\_\_                       Other: \_\_\_\_\_

I want to be active in ASAP, I am interested in helping with: \_\_\_\_\_

## PAYMENT INFORMATION

Membership is October 1 – September 30. (Paid memberships based on previous calendar year schedule will be honored through December 31 of their paid year.)

ASAP membership \$50 per year

I am paying dues for the year \_\_\_\_\_ Total Amount Due:

ASAP accepts the following:

- Check or Money Order  
 VISA     MasterCard     American Express     IMPAC/Government Credit Card

Authorized Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Card Holder Email (REQUIED FOR RECEIPT): \_\_\_\_\_

Card Holder Telephone: \_\_\_\_\_

Card Holder Fax: \_\_\_\_\_

**For payments other than credit card, please submit your application and payment to:**

**AMERICAN SOCIETY OF ACCESS PROFESSIONALS  
ATTN: MEMBERSHIP DEPARTMENT  
1120 20<sup>th</sup> St. NW Suite 750 Washington, DC 20036-3441  
E-Fax: 202-216-9646 Analog Fax: 202-216-0246  
Tel: 202-712-9054**