

# ASCSA Associate Membership Application

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Title \*

First Name \*

Middle Name

Last Name \*

Suffix

Address (Required)

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Phone Number \*

Email \*

Current Affiliation \*

Department \*

For which Member Category are you applying? \*

- Senior Associate Member
- Student Associate Member

**Time Period \***

Visiting (Part-Time)

Full Academic Year

**Dates you plan to be at the School, enter as "Day/Month/Year":\***

**State briefly the work you plan to pursue. \***

**Are you a first-time applicant? \***

Yes

No

By signing this application or by transmitting it electronically, I certify that all information submitted in the admission process, including the application and supporting material, is my own work, factually true, complete, and honestly presented. I also certify that any other information submitted on my behalf is authentic, including letters of recommendation, academic transcripts, and certifications. I understand that I may be subject to a range of disciplinary actions, including admission revocation, suspension or expulsion, should the information that I have certified be false, misleading, or contain omissions. I agree to notify ASCSA of changes to information or of new information pertinent to this application.

I have placed my electronic signature on this application. I understand that by typing my full name on the line below, I am affixing my electronic signature which is contractually binding, represents my knowing certification, and has the same legal force and effect as an original hand-produced signature.

**Type Full Name Here \***

Date \*

 /  /  

MM

DD

YYYY

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**IMPORTANT:**

Before submitting this form, please PRINT A COPY for your records.

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SAMPLE