



Student Membership Gift Order Form

THE AMERICAN SOCIETY OF MECHANICAL ENGINEERS



Instructions:

- Complete all relevant fields and mail or fax to ASME
- Payment must accompany application
- ASME will not accept payment via credit/debit card over email
- See bottom or reverse side for complete contact information
- Contact membership@asme.org with questions

go.asme.org/GiftMembership

1 GIFT GIVER (PLEASE COMPLETE ALL APPLICABLE FIELDS)

First /Given Name _____ Last /Given Name _____ MI _____ Date _____

ASME Member # (if applicable) _____ Relationship to Recipient (optional) _____

Company _____ Primary Mailing Address Home Business

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone (w/area code) Mobile Home Business

Email Address _____

As soon as your order has been processed, we will send your gift membership recipient an email acknowledging your generosity!

2 GIFT RECIPIENT (ATTACH A SEPARATE SHEET FOR EACH GIFT RECIPIENT)

First /Given Name _____

Last /Given Name _____

MI _____ Gender M F

Birthdate (if known) _____ (MM/DD/YYYY)

Current Street Address On Campus Off Campus

Address _____

City _____ State _____

Zip Code _____ Tel. (w/area code) _____

Email Address _____

Permanent/Home Address (if known)

City _____

State _____ Zip Code _____

Send mail to: Current Address Permanent Address

Special Gift Membership Offer Save 25% Today!

Gift recipient will receive all student member benefits including a monthly print subscription to *Mechanical Engineering* magazine.

ASME Student Member \$18.75 USD (Regularly \$25)

Recipient is a: 1st yr/Freshman 2nd yr/Sophomore 3rd yr/Junior 4th yr/Senior Graduate

Recipient is currently seeking the following degree: (check one)
 BA BE BS MA ME MS PhD ScD Other (Describe) _____

_____ Name of University _____ Campus

Anticipated Graduation date _____ (MM) / _____ (YY)

3 PAYMENT INFORMATION (PLEASE INDICATE AMOUNT AND METHOD. PAYMENT MUST ACCOMPANY FORM)

Gift Dues Payment Amount

Please enter amount indicated in section 2 above.

ASME Gift Membership Dues \$ _____

* Sales Tax \$ _____

Total \$ _____

Residents of South Dakota and Canada are required to calculate and add sales tax to their payment when paying by Check or Money Order.* Sales tax will be applied automatically when paying by Credit Card if applicable.

Payment must accompany application. Return to ASME by Mail or Fax. Do not email payment.

Market Code: GIFTMEMSTU

Gift Dues Payment Method

Check (payable to ASME) AmEx Visa Mastercard Discover

Euro Card Money Order

Credit Card Number _____ CVV2/CVC2 _____

Exp. Date (MM/YY) _____

Cardholder Name _____

Cardholder Signature _____

Please return the completed form with payment to ASME via email, postal mail or fax.

Mail: 150 Clove Road, 6th Floor, Little Falls, NJ 07424-2100

Fax: 1-973-882-1717

Email: membership@asme.org

Phone: 1-973-882-1170 (Global)
1-800-THE-ASME (U.S./Canada)
1-800-843-2763 (U.S./Canada)

Gift Membership Webpage:
<http://go.asme.org/GiftMembership>