



## MEMBERSHIP RENEWAL FORM

January 1, 2025 – December 31, 2025

Your Dues Are Paid Through:

Name:  ASM Member?  ASM Membership No

Preferred Mailing Address:

Home/Business Address:

Phone (Day):  Preferred Email:   
Phone (Other):  Other Email:

Professional Position:

Specialty:

**Primary Area of interest:**  Biotechnology  Education  Marketing/Sales  
 Clinical/Public Health  Industrial Other:

**Are you interested in any of the following Branch activities?**  Working on Committees  Running for Office

### MEMBERSHIP OPTIONS:

Individual (\$ 15.00 annually)  Individual (\$ 40.00 / 3 years)  Student (\$ 10.00 annually)

Emeritus\* (No Charge) \*Emeritus membership is defined as a member who is in good standing for 20 consecutive years, and who is retired from their profession.

UPDATE ONLY ENCLOSED (changes can be emailed to [NEBranch-ASM@comcast.net](mailto:NEBranch-ASM@comcast.net))

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Renewals postmarked after September 1, 2024 will be effective 9/1/24-12/31/25.

Please renew either with your annual ASM membership or mail this form and dues check (payable to NORTHEAST BRANCH-ASM) to:

Patricia E. Kludt  
6 Abigail Drive  
Hudson, MA 01749

Date Dues Received: \_\_\_\_\_

Check No.: \_\_\_\_\_