



Complete the form below and submit to office@asprs.org

Sustaining Membership levels

OPTION ONE: \$500

OPTION TWO: \$1,500

COMPANY NAME

CONTACT NAME

EMAIL

WORK PHONE MOBILE PHONE

ADDRESS

CITY STATE POSTAL CODE

COUNTRY (IF OTHER THAN US)

Please list additional employee members under this Sustaining Membership as per the membership level selected and indicate which of the members are to receive the *PE&RS* hardcopy.

(4 members included with Option Two | 1 member included with Option One)

1) NAME PHONE #

EMAIL

2) NAME PHONE #

EMAIL

3) NAME PHONE #

EMAIL

4) NAME PHONE #

EMAIL