

MEMBERSHIP/FRIEND OF ASA APPLICATION/SUBSCRIPTION FORM

(Subscribers complete items 1&2 only)

American Scientific Affiliation, P.O. Box 668, Ipswich, MA 01938-0668

1. Name: (please print) _____ Date: _____

2. Home address: _____

_____ Zip _____

Office address: _____

_____ Zip _____

Please leave blank any numbers you do not wish published.

Home phone: _____ Office phone: _____

Fax: _____ E-mail: _____

I would prefer ASA mailings sent to: ___ home ___ office

3. Sex: _____

4. If married, spouse's name: _____

5. Academic Preparation

Institution	Degree	Year	Major
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Major field of study: _____

Area of concentration within the field: (2 word limit) _____

Briefly describe what your present or expected vocation is _____

6. Church Affiliation: _____

7. How did you learn about the ASA? _____

If you are an active overseas missionary, please give the name and address of your mission board or organization to qualify for complimentary membership.

Name: _____

Street: _____

City: _____ State _____ Zip _____

I am interested in the goals of the American Scientific Affiliation. Upon the basis of the data herewith submitted and my signature affixed to the ASA Statement below, please process my application for membership.

Statement of Faith

I hereby subscribe to the Doctrinal Statement as required by the ASA Constitution:

1. We accept the divine inspiration, trustworthiness and authority of the Bible in matters of faith and conduct.
2. We confess the Triune God affirmed in the Nicene and Apostle's creeds which we accept as brief, faithful statements of Christian doctrine based upon Scripture.
3. We believe that in creating and preserving the universe God has endowed it with contingent order and intelligibility, the basis of scientific investigation.
4. We recognize our responsibility, as stewards of God's creation, to use science and technology for the good of humanity and the whole world.

Signature: _____ Date: _____
(required for Member, Associate Member, Student member status)

I have enclosed (Please check one):

____ \$60, Full Member ____ \$60, Friend of the ASA ____ \$60, Associate Member
____ \$20, Student Member ____ \$20, Student Associate ____ \$10, Spouse

Credit Card #: _____ (MasterCard or VISA only)

Expiration Date: _____ Signature: _____

Please mail to: American Scientific Affiliation, P.O. Box 668, Ipswich, MA 01938-0668