

ASA Application/Subscription Form

(Subscribers complete only items 1, 2 & 8)

American Scientific Affiliation, PO Box 668, Ipswich, MA 01938-0668

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

2. Home Address: _____

Zip: _____

Office Address: _____

Zip: _____

Home phone: _____ Office phone: _____

FAX: _____ E-mail: _____

I prefer my ASA mailings sent to: home office

I give permission to publish my home phone number in the membership directory: yes no

3. Sex: male female 4. If married, spouse's name: _____

5. Academic Preparation:

Institution	Degree	Major	Year
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_____	_____	_____	_____
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Field of Study (broad): _____ Concentration (2-word limit): _____

Briefly describe your present or expected vocation: _____

6. How did you learn about the ASA? _____

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 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 Apostles' 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 Full Member, Associate Member, Student Member, Student Associate status)

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

Mission Board: _____

Street: _____

City: _____ State: _____ Zip: _____

8. I have enclosed in U.S. funds (please check one) or enter your Prepaid Code: _____

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|---------------------------|-------------------------------|---------------------------------|
| _____ \$70 Full Member | _____ \$70 Associate Member | _____ \$70 Friend of the ASA |
| _____ \$20 Student Member | _____ \$20 Student Associate | _____ \$10 Spouse |
| _____ \$40 Subscriber | _____ \$20 Student Subscriber | _____ \$65 Institute Subscriber |

Please mail to: American Scientific Affiliation, PO Box 668, Ipswich, MA 01938-0668