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

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):

_____ $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

MasterCard or VISA: _____

Expiration Date: _____ Signature: _____

Name as it appears on your credit card: _____
(Please print)

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

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