

## **Membership Request Form**

## We herewith apply for membership in ASAM e.V.

(registered association)

		(registered association)		
Applicant	icant			
The Applicant is the company or academic institution that applies for membership.	Company / Institution, legal form*	VAT-ID No (only EU)*		
	Street Address*	State or Province		
	Street/Maress	State of Frontier		
	ZIP Code* City*	Country*		
	We	osite		
Main Contact				
The Main Centact will represent	Title* Academ. Title Email*			
The Main Contact will represent the Applicant towards ASAM and				
its members in all organizational matters.	First Name*	Last Name*		
		1		
		Division / Department		
	L Phone*	Fax		
Please fill out postal address if different from Applicant.				
	Street Address*	State or Province		
	ZIP Code* City*	Country*		
Billing Address				
lf different from Main Contact.	Company / Institution, legal form	Division / Department		
	Title Academ. Title Email			
	First Name	Last Name		
	Street Address	State or Province		
* Mandatory	ZIP Code City	Country		



## Membership Details\* To determine membership class and fee please see the ASAM Regulation of Fees from June 29, 2018. Click here Membership class Annual membership fee (taxes may apply) to determine your membership class. OEMs and Suppliers (classes A - C) ☐ Corporate membership for OEMs and Suppliers must choose corporate membership. The whole corporation including all subsidiaries shall become member. Total number of employees Tool Vendors and Service Providers ☐ Company / Corporate membership for Tool Vendors and Service Providers (classes D - G) can apply as a whole The supplier company including all subsidiaries shall become member. corporation or as a subsidiary (only legal entities!). Total number of employees □ Selected entities Only the following legal entity / entities shall become member. Total number of employees of the company or legal entity / entities listed above Universities and Research Institutes ■ Membership for Universities and Research Institutes (class H) **Constitution and** ☐ I have read and understood the ASAM Statutes from April 28, 2016 and the Regulation of Fees from June 29, 2018. **Regulation of Fees\*** This agreement shall automatically be extended for another period of 1 year, if no written notice of cancelation has been received at least 6 months prior to the end of the year (ASAM Constitution from April 28, 2016 § 3 item 4). Legally binding Signature\* Signature City Date Name in printed letters Please send by mail to: by fax to: ASAM e.V.

\* Mandatory

Altlaufstr. 40

**Germany** 

85635 Höhenkirchen

+49 (8102) 70139 284

or by email to:

info@asam.net



## Editing & Marketing Contact

This person is responsible for updating your company profile on our Members Directory.

Besides that he/she is the contact for all marketing relevant topics (e.g. usage of your company logo) and addressee of marketing cooperations with, and offerings by ASAM. (See ASAM Marketing Kit)

**Your Reasons for Joining** 

This information will help us to better respond to your needs.

ASAM e.V.

Other:			
Title* Academ. Title Ema	il*		
First Name*	Last Name*		
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Where / how did you hear abou  Recommended by company	ut ASAM e.V.?  Personal experience		
Where / how did you hear abou  Recommended by company  Internet research			
Recommended by company	Personal experience		
Recommended by company Internet research	☐ Personal experience ☐ Other:		

we are currently facing a problem and we are convinced that ASAM standards can solve

we would like to actively participate in the enhancement of existing ASAM standards,

we would like to take advantage of the Marketing opportunities offered by ASAM.

we see the need for a new standard that we would like to initiate.

we seek networking opportunities within the ASAM Community.

we seek technical support when using ASAM standards.

this problem.

for other reasons:

particularly the following standards: