



ASID.ORG  
608 MASSACHUSETTS AVE., NE  
WASHINGTON, DC 20002-6006

T 202.675.4456  
F 202.546.3240  
E MEMBERSHIP@ASID.ORG

## ASID Reinstatement Form

### FOR PAST ALLIED AND PROFESSIONAL MEMBERS

Thank you for contacting us. We are pleased to learn you will be reactivating your membership in ASID. Please note that if it has been five years or longer since you have been a member, you are not eligible for reinstatement and you should reapply for membership at [www.asid.org](http://www.asid.org).

Please complete this form and return it to ASID headquarters with your \$100 reinstatement fee. Once this request is received, your dues are calculated for the next 12 months based on the membership type in which you left. To see the current membership dues pricing, contact us or go to [www.asid.org/join](http://www.asid.org/join).

Your continued interest in ASID is greatly appreciated and we look forward to welcoming you back as an active member of the Society. If we may be of further assistance, please contact the Customer Service Team at (202) 675-4456 or [membership@asid.org](mailto:membership@asid.org).

Name \_\_\_\_\_ Former Member ID Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

#### **Did a current ASID member refer you to ASID?**

If so, write their Membership ID Number and name below to receive your free ASID gift and be entered into a drawing for a prize valued up to \$500!

Membership ID number \_\_\_\_\_ Member Name \_\_\_\_\_

#### **Payment information for \$100 Reinstatement Fee**

Promotion Code (if applicable) \_\_\_\_\_

#### **Credit Card Information**

Type of Card (we accept Visa, American Express or MasterCard) \_\_\_\_\_

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

(continued)



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**Please check one of the following:**

- I hereby authorize ASID to charge the above credit card for my corresponding membership dues in the full amount.
- I hereby authorize ASID to use the above credit card to enroll me for the monthly installment plan. (Note: Dues amount is broken up into 12 months; the first month payment includes a \$25 processing fee and \$15 legislative assessment fee. Your credit card info is kept on file and charged automatically for the remaining months. You may cancel this at anytime).
- Please send me an invoice for my membership dues (only use above payment info for the reinstatement fee).

Please return to:  
ASID Customer Service Team  
608 Massachusetts Ave., NE  
Washington, DC 20002-6006

Or fax to: 202-546-3240/ email to: [membership@asid.org](mailto:membership@asid.org)

**Membership dues are not refundable under any circumstance.**