

AMSUS - The Society of Federal Health Professionals  
12154 Darnestown Rd #506  
Gaithersburg, MD 20878-2206  
Tel: 301-897-8800  
**TAX ID# 53-0029355**

### AMSUS-SM Membership Application

The undersigned hereby makes application for membership in AMSUS-SM. New member companies are voted on by the current membership at an upcoming quarterly meeting.

*Please print*

Date of Application: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Corporate Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Website Address: \_\_\_\_\_

Please describe type of business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently doing business with the Federal Government? Yes or No

You agree to uphold the Code of Ethics found on the reverse.

#### Annual Membership Dues

*Rates effective 1 January 2018 – Dues are to be paid by company check or credit card only, invoices can be provided.*

\_\_\_\_\_ Small Consulting Firm of 5 partners or less (annual dues \$1,000.00)

\_\_\_\_\_ Small Business (annual dues \$1,500.00)

\_\_\_\_\_ Large Business (annual dues \$3,000.00)

For AMSUS-SM purposes the definition of Small Business defined as any company with 1000 total employees or less, or less than \$17M in total sales, inclusive of federal sales. This is the same figure that is reported in your company's annual report. AMSUS will not submit for membership dues via online grant processes.

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#### Primary Representative:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### Alternate Representative:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Application Submitted by: \_\_\_\_\_  
(signature)