



American Society of Media Photographers

## University Group Registration

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

Phone #: \_\_\_\_\_  
Website: \_\_\_\_\_

Name of Professor: \_\_\_\_\_  
Address (if different than above): \_\_\_\_\_

Professor Phone #: \_\_\_\_\_

Professor Email: \_\_\_\_\_

Student Members: (minimum of 5 students required)

	Name	Email	Address	Phone #
1.				
2.				
3.				
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12.				
13.				
14.				
15.				

Payment Information:

Card Number: \_\_\_\_\_

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

CSV #: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Please call 1-877-771-ASMP (2767) with all of the above information or scan and email form to [info@asmp.org](mailto:info@asmp.org). Please include Group Membership in the subject line of your email.