



**U.S. Metric Association (USMA), Inc.**  
**P.O. Box 471, Windsor CO 80550-0471**  
**Membership Application**

Please complete the appropriate parts of this form and mail this form and a check (if not paying by credit card) to USMA. Each USMA membership covers a year (January through December), regardless of the month in which the member joins.

**USMA is a nonprofit 501(c)(3) organization and both dues and contributions are IRS tax deductible.**

**Please print:**

Name \_\_\_\_\_  
 Business Name (optional) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State (or Province) \_\_\_\_\_  
 ZIP (or Postal Code) \_\_\_\_\_ Country \_\_\_\_\_  
 Phone numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 E-mail address \_\_\_\_\_

- Individual (emailed)**       \$30/year       \$58/2-years       \$85/3-years  
**Individual (paper)**       \$35/year  
**Student (full-time)**       \$15/year  
**Lifetime (individual, one-time only)**       \$500  
**Business**       \$150/year

**If adding a contribution (tax-deductible)**     \$ \_\_\_\_\_

**Please provide the following REQUIRED information if paying by charge card:**

**Payment type:**       Check       Visa       MasterCard       Discover

- Cardholder name (as shown on card) \_\_\_\_\_
- Card number \_\_\_\_\_ CVV\* \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_
- Cardholder signature \_\_\_\_\_
- Amount to charge \$ \_\_\_\_\_

\*last three digits on the back of the card