



American Chemical Society Division Membership Application

ACS Member # _____ Date: _____

Name: _____

Address: _____

City, State, Zip _____

Country, Postal Code _____

Telephone _____

Membership Categories (check one):

- Member ⇨ ACS member
- National Affiliate ⇨ National Affiliate ACS member
- Student ⇨ Student ACS member
- Division Affiliate ⇨ Non-ACS member

<u>Code</u>	<u>Division/Subdivision Name</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total \$	_____

Please check one:

Bill Me Cash Check Visa/Master Card American Express

Card number _____

Expiration date _____

Signature: _____
(Signature is required regardless of method of payment)

**Mail: American Chemical Society, Member and Subscriber Services,
PO Box 182426, Columbus, Ohio 43218-2426
Phone: (800) 333-9511, Fax (614) 447-3671
E-mail: service@acs.org**