



Mail to American Chemical Society
Member Services
PO Box 82229
Columbus, OH 43202-0229
Fax to (614) 447-3891

For more information:
Call (800) 333-9511
or (614) 447-3776
E-Mail mgm@acs.org



2009 MEMBER-GET-A-MEMBER APPLICATION

COMPLETE THE APPLICATION AND MAIL OR FAX TODAY!

ACS MEMBER-GET-A-MEMBER NOMINATOR (REQUIRED)

1. Please type or print your name, address, and member number. The nominating member's name **must** be on the application.

First Name Last Name

Membership No.

Company Name

Address

City

State/Country Zip/Postal Code

2. Sign your name in the Nomination section on the back of this application next to the "X".
3. Your MGM throw will be shipped to your membership materials address once your Nominee has paid their membership dues. Deadline for the Nominee's dues is January 31, 2010.

ACS MEMBER-GET-A-MEMBER NOMINEE (REQUIRED)

1. **Important Note:** You must complete the entire application. Please do not leave out information. Incomplete information will slow down the processing of your application.

Preferred Mailing Address for delivery of C&EN and membership material: Home Office

First Name Last Name

Address

City

State/Country Zip/Postal Code

Telephone: Home (Area Code) Office (Area Code)

E-mail

- I have previously been an ACS Member.
- I have previously been a Student Affiliate.
2. Complete all required application information.
 3. Sign your name in the Agreement section on the back of form.
 4. Fax or mail the completed application using the above information.

ACADEMIC TRAINING (REQUIRED)

Name of College or University (Including current enrollment)	City and State/Country	Curriculum Major	Title of Degree(s) Received or Expected (A.S., B.S., M.S., Ph.D.)	Mo./Yr. Degree Received or Expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL CONTACT INFORMATION

Job Title

Company/University Name

Company/University Address

City/State/Province Postal Code Country

Home/Summer Address (5/15 - 8/15)

City/State/Province Postal Code Country

DEMOGRAPHIC INFORMATION (OPTIONAL)

We ask you to provide the following *voluntary* information. The American Chemical Society is eager to support programs that benefit underrepresented groups in the chemical sciences, and your responses are helpful to these efforts (and to all facets of our services to all of our members). Individual responses are held in strictest confidence and have no bearing on consideration for membership.

Racial-ethnic origin (please check one only):

- White (Caucasian) American Indian or Alaskan Native
- Black or African Descent Native Hawaiian or Pacific Islander
- Hispanic Asian
- Other _____

Date of Birth _____ Sex: F M
MM / DD / YYYY

<p>Office Use Only</p> <p>MG BC _____ HDL _____</p> <p>MJR _____ DEL _____</p> <p>SOURCE 09MGMDr _____</p>	<p>This space for use of ADMISSIONS COMMITTEE</p>	<p>Local Section/Division Commission Claim</p> <p>Commission Claim NOT applicable to the MGM Campaign.</p>
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