



# MEMBER-GET-A-MEMBER APPLICATION

2018 PROMOTION CODE:

18MGMIpAppD

**Mail to:** American Chemical Society  
Member Services  
PO Box 82229  
Columbus, OH 43202-0229 U.S.A.

**Fax to:** +1(614)447-3891

**Call:** within U.S. (800)333-9511  
outside U.S. +1(614)447-3776

**Email:** [MGM@acs.org](mailto:MGM@acs.org)

**Join online:** [www.acs.org/MemberGetMember](http://www.acs.org/MemberGetMember)

## 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 blanket will be shipped to your membership address on file once your Nominee has paid their membership dues. Deadline for the Nominee's dues is December 31, 2018.

## 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.

First Name \_\_\_\_\_ Family Name/Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/Province \_\_\_\_\_

State/Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

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

**Primary E-mail Address (required to activate certain member benefits.)** \_\_\_\_\_

- My prior ACS Member # \_\_\_\_\_
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.	Month/Year Degree Received or Expected
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## ADDITIONAL CONTACT INFORMATION

Job Title \_\_\_\_\_ Gender  Male  Female

Company/University Name \_\_\_\_\_ Birthday **MM/DD/YYYY**

City/State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home/Summer Address (May 15 - August 15) \_\_\_\_\_

City/State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

