



MEMBER-GET-A-MEMBER APPLICATION

2017 Promo Source:

Mail to American Chemical Society
Member Services
PO Box 82229
Columbus, OH 43202-0229 U.S.A.
Fax to +1(614)447-3891

For more information:
Call: within U.S. (800) 333-9511
Outside U.S. +1(614) 447-3776
Email: MGM@acs.org
Join online: 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, 2017.

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.)

- I was previously an 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 |
|--|------------------------|------------------|---|--|
|--|------------------------|------------------|---|--|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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 _____

Local Section/Division Commission Claim: Commission Claim NOT applicable to the MGM Campaign.

TECHNICAL DIVISION

Your first Division selection is FREE for one year as a new member.

Some restrictions apply. Visit acs.org/divisions to learn more and view subdivisions. My free Division selection is: _____

Additional Divisions may be selected below and the associated dues amounts will be charged.

- | | | |
|---------|--------------------------|--|
| \$10 | <input type="checkbox"/> | Agricultural and Food Chemistry |
| \$14 | <input type="checkbox"/> | Agrochemicals |
| \$20 | <input type="checkbox"/> | Analytical Chemistry |
| \$20 | <input type="checkbox"/> | Biochemical Technology |
| \$15 | <input type="checkbox"/> | Biological Chemistry |
| \$20 | <input type="checkbox"/> | Business Development and Management |
| \$12.50 | <input type="checkbox"/> | Carbohydrate Chemistry |
| \$10 | <input type="checkbox"/> | Catalysis Science and Technology |
| \$15 | <input type="checkbox"/> | Cellulose and Renewable Materials |
| \$20 | <input type="checkbox"/> | Chemical Education |
| \$48 | <input type="checkbox"/> | Chemical Health & Safety ^(e) |
| \$15 | <input type="checkbox"/> | Chemical Information |
| \$15 | <input type="checkbox"/> | Chemical Toxicology |
| \$18 | <input type="checkbox"/> | Chemistry and The Law |
| \$15 | <input type="checkbox"/> | Colloid and Surface Chemistry |
| \$21 | <input type="checkbox"/> | Computers in Chemistry |
| \$20 | <input type="checkbox"/> | Division of Energy and Fuels |
| \$15 | <input type="checkbox"/> | Environmental Chemistry |
| \$10 | <input type="checkbox"/> | Fluorine Chemistry [#] |
| \$10 | <input type="checkbox"/> | Geochemistry |
| \$20 | <input type="checkbox"/> | History of Chemistry |
| \$14 | <input type="checkbox"/> | Industrial and Engineering Chemistry |
| \$15 | <input type="checkbox"/> | Inorganic Chemistry |
| \$25 | <input type="checkbox"/> | Medicinal Chemistry |
| \$25 | <input type="checkbox"/> | Nuclear Chemistry and Technology |
| \$15 | <input type="checkbox"/> | Organic Chemistry |
| \$15 | <input type="checkbox"/> | Physical Chemistry |
| \$30 | <input type="checkbox"/> | Polymer Chemistry |
| \$25 | <input type="checkbox"/> | Polymeric Materials: Science and Engineering |
| \$10 | <input type="checkbox"/> | Professional Relations |
| \$95 | <input type="checkbox"/> | Rubber |
| \$15 | <input type="checkbox"/> | Small Chemical Businesses |

Technical Division Total \$ _____

INDUSTRY CODE/NATURE OF BUSINESS

Which best represents your industry/nature of business

- | | |
|--|--|
| <input type="checkbox"/> 1 Independent Laboratory | <input type="checkbox"/> Y1 Pharmaceutical |
| <input type="checkbox"/> 2 Independent Consulting | <input type="checkbox"/> Y2 Biotech/Life Sciences Co |
| <input type="checkbox"/> 3 Hospital/Clinic | <input type="checkbox"/> Y3 Environmental/Water |
| <input type="checkbox"/> 66 Academic Institution | <input type="checkbox"/> Y4 Food/Beverage/Flavors |
| <input type="checkbox"/> J Engineering/ Construction Firm | <input type="checkbox"/> Y5 Industrial Chemicals |
| <input type="checkbox"/> K Government | <input type="checkbox"/> Y6 Agricultural |
| <input type="checkbox"/> L Public Utility/ Transportation | <input type="checkbox"/> Y7 Petrochemical |
| <input type="checkbox"/> M Retail/Wholesale Trade. | <input type="checkbox"/> Y8 Other Manufacturer |
| | <input type="checkbox"/> ZZ Other _____ |

ACS NOMINATOR

We nominate this Applicant for membership in the American Chemical Society according to the Constitution and Bylaws.

ACS Member (Nominator):

X

Signature _____

Printed Name _____

ACS Member _____

Kate Fryer, Executive Vice President, Membership Division

^(e)Includes a \$36 subscription fee.

[#]Not a participant of 1st year free program.

MEMBERSHIP CATEGORY & DUES PAYMENT*

Your membership anniversary date will begin from the day your membership application is processed and will end one year later.

- Regular, Non-Scientist/Society Affiliate, Returning Member** **USD\$166.00** \$ _____
Prior Membership # _____
- Graduate Student Member** **USD\$83.00** \$ _____
- Undergraduate Student Member:**
- With C&EN** (see below C&EN Delivery Method) **USD\$54.00** \$ _____
- Without C&EN** **USD\$28.00** \$ _____

Recent Graduate Discount

A person graduating with a bachelor's degree in chemical science may apply for membership within one year from the date of graduation to receive a discount of 50% of the membership dues.

Graduation date: _____ **Subtract USD50%** -\$< _____ >

Husband/Wife Dues

A spouse of a member who is receiving C&EN may deduct the 2016 allocation.

Spouse name/Member #: _____ **Subtract USD\$52.98** -\$< _____ >

Please Check Only One C&EN Delivery Method

Members Outside of North America: If for any reason we are unable to deliver your C&EN electronically, we will reinstate the print version after 90 days, and you will be billed postage charges.

- C&EN** print delivery via postal service **Add USD\$75.00** +\$ _____
- OR —
- FREE C&EN Electronic delivery with valid e-mail address** **FREE**

Email address required for electronic delivery _____

Technical Division Total \$ _____

Total Amount Due: \$ _____

Membership fees are subject to applicable taxes

- Charge my credit card: Visa MC Amex Diners Discover

Card # |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____|

Expiration Date |_____| |_____| / |_____| |_____| |_____| **CVV No.** _____

Card Verification Value

Name on Card _____
(please print)

Signature _____

- Bill me Cheque made payable to **American Chemical Society**

Payment by international wire

Please add USD \$20 for bank processing fees when paying by wire transfer. Include your MEMBERSHIP NUMBER or INVOICE NUMBER on the wire documents. Send to BANK OF AMERICA, 730 15th Street NW, Washington DC, 20005 USA. Include the ACS bank account number 002080589526, SWIFT code BOFAUS3N, and ABA routing/transit number 0260-0959-3. All monies must be in U.S. dollars. U.S. Federal Tax ID# is 53-0196572.

MEMBER-ELECT (NOMINEE) AGREEMENT

I attest to the accuracy of the information on the application. I agree to restrict for my own personal use all publications to which I subscribe at member rates. I understand that membership dues are payable annually unless my signed resignation is received by the Executive Director of the Society prior to the end of the 12-month period for which dues have been paid.

X

Signature of Applicant _____

Date _____

- Check here to **opt-in** for the **ACS Member SciFinder Benefit**.

Please provide a valid primary e-mail address at the top of page 1.

Read the Terms & Conditions of SciFinder at www.acs.org/SciFiMemberTerms

- Check here to **opt-out** of the **ACS Network** online member directory.

*Includes a small allocation for Division and Local Section funding.

Members: 2017 USD\$55.70 allocated to C&EN.