



MEMBER-GET-A-MEMBER APPLICATION

2020 PROMOTION CODE:

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
Join online: www.acs.org/MGMcharged

ACS Member-Get-A-Member Nominator (REQUIRED)

ACS Member-Get-A-Member Nominee (REQUIRED)

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

1. **Important Note:** You must complete the entire application. Incomplete information will slow down the processing of your application. Review ACS' Privacy Policy: www.acs.org/privacy

First Name _____ Family Name/Last Name _____
Membership Number _____
Company Name _____
Address on your Membership Record _____
City/Province _____
State/Country/Region _____ Zip/Postal Code _____

First Name _____ Family Name/Last Name _____
Address for mailing C&EN and Membership materials. Employer Address or Permanent
City/Province _____
State/Country/Region _____ Zip/Postal Code _____
Telephone: Home _____ Office _____ Cell _____
Primary E-mail Address (required to activate certain member benefits and to receive C&EN digitally) _____

2. Sign your name in the Nomination section on the back of this application next to the "X".
3. Your 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, 2020.

- 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL CONTACT INFORMATION

Male Female Prefer not to say Prefer to self-describe _____

Job Title _____ Job Function _____ Gender _____

Employer Address (Company/University) _____ Birthday **MM/DD/YYYY** _____

City/State/Province _____ Postal Code _____ Country _____

Home/Summer Address (May 15 - August 15) _____

City/State/Province _____ Postal Code _____ Country _____

