

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/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 _____ Family Name/Last Name _____

Membership Number _____

Employer Name (Company/University) _____

Address on your Membership Record _____

City/Province _____

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, 2019.

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

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 _____

Address for mailing C&EN and Membership materials. Employer Address or Permanent _____

City/Province _____

State/Country _____ Zip/Postal Code _____

Telephone: Home _____ Office _____ Cell _____

Primary E-mail Address (required to activate certain member benefits and to receive C&EN digitally) _____

- 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 _____

