



American Chemical Society Division Membership Application

ACS Member # _____

Date: _____

Name: _____

Address: _____

City, State, Zip _____

Country, Postal Code _____

Telephone _____

Email _____

Membership Categories (check one):

- Member ⇨ ACS member
- National Affiliate ⇨ National Affiliate ACS member
- Student ⇨ Student ACS member
- Division Affiliate ⇨ Non-ACS member

Code	Division/Subdivision Name	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total \$		_____

Please check one:

Bill Me Cash Check Visa/Master Card American Express

Card number: _____

Expiration date: _____

Signature: _____

(Signature is required regardless of method of payment)

**Mail: American Chemical Society, Member and Subscriber Services,
PO Box 182426, Columbus, Ohio 43218-2426
Phone: (800) 333-9511, Fax (614) 447-3671
E-mail: service@acs.org**