



American Chemical Society

Division Membership Application (Division Affiliate)

ACS Member # (skip) _____ Date: _____

Name: _____

Address: _____

City, State, Zip _____

Country, Postal Code _____

Telephone _____

Membership Categories (check one):

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

<u>Code</u>	<u>Division/Subdivision Name</u>	<u>Cost</u>
<u>507</u>	Chemical Information	\$20.00
_____	_____	_____
_____	_____	_____
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**