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

**X Division Affiliate ⇒ Non- ACS member**

<table>
<thead>
<tr>
<th>Code</th>
<th>Division/Subdivision Name</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>507</td>
<td>Chemical Information</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

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