

# The American Institute of Chemists, Inc.



## Membership Application

Dr., Mr., Mrs., Ms. \_\_\_\_\_

Company: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Sponsored by: \_\_\_\_\_

Highest Degree: (circle one) AA/AS, BA/BS, MA/MS or Doctorate: \_\_\_\_\_ Year Awarded \_\_\_\_\_

Work Function: Subspecialty (check one)

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Engineering	<input type="checkbox"/> Environmental	<input type="checkbox"/> Surface
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Biochemical	<input type="checkbox"/> Food/Nutrition	<input type="checkbox"/> Physical
<input type="checkbox"/> Organic	<input type="checkbox"/> Analytical	<input type="checkbox"/> Forensic/Legal	<input type="checkbox"/> Materials
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Polymers	<input type="checkbox"/> Clinical/Medical	<input type="checkbox"/> Industrial
<input type="checkbox"/> Toxicology	<input type="checkbox"/> Other (specify): _____		

AIC Category: (check category and send curriculum vitae) **Dues are for calendar year January 1 to December 31**

<input type="checkbox"/> Fellow	<b>\$150</b> BA/BS in Chemical Science/Engineering + 10 years of experience
<input type="checkbox"/> Member	<b>\$110</b> BA/BS in Chemical Science/Engineering
<input type="checkbox"/> Retired	<b>\$75</b> Fellow that has retired can apply for this status
<input type="checkbox"/> Student Affiliate	<b>\$35</b> Active Student with interest in Chemical Science/Engineering

### Payment Information:

Enclosed is my check payable to the AIC in the amount of \$ \_\_\_\_\_

Please charge to my credit card (check one)  VISA  MasterCard  American Express

Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I hereby apply for membership in the American Institute of Chemists; I understand that my application will be reviewed by the Membership Committee; should it be accepted, I agree to abide by the Institute's code of ethics, governing documents, and other official policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your completed form with your curriculum vitae and payment to:**

The American Institute of Chemists, Inc.  
315 Chestnut Street, Philadelphia, PA 19106

(P) 215-873-8224, (F) 215-629-5224 • Website: [www.TheAIC.org](http://www.TheAIC.org) • Email: [AICOffice@TheAIC.org](mailto:AICOffice@TheAIC.org)