

The American Institute of Chemists, Inc.



Membership Application

Dr., Mr., Mrs., Ms. _____

Company: _____

Position/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Home: _____ E-mail: _____

Sponsored by: _____

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

Work Function: Subspecialty (check one)

Agricultural Engineering Environmental Surface Materials
 Pharmaceutical Biochemical Food/Nutrition Toxicology Physical
 Organic Analytical Forensic/Legal Industrial Polymers
 Inorganic Clinical/ Medical Other (specify): _____

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

Fellow **\$150** BA/BS in Chemical Science/Engineering + 10 years of experience
 Member **\$110** BA/BS in Chemical Science/Engineering
 Retired **\$75** Fellow that has retired can apply for this status
 Student Affiliate **\$35** 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: _____

Print and Sign as it appears on your credit card:

Card Billing Address *if different from mailing address above*

Billing Zip Code

FOR SECURITY, PLEASE DO NOT RETURN VIA EMAIL

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 • Email: AICOffice@TheAIC.org