

# The American Institute of Chemists, Inc.

## Membership Application

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

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

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

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

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

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

Email: \_\_\_\_\_ Sponsored By: \_\_\_\_\_

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

Work Function: Indicate Primary by (1) and Secondary by (2)

\_\_\_\_\_ Management & Administration    \_\_\_\_\_ Production    \_\_\_\_\_ Consulting  
\_\_\_\_\_ Sales / Marketing    \_\_\_\_\_ Retired    \_\_\_\_\_ Teaching / Education  
\_\_\_\_\_ Quality Assurance / Control    \_\_\_\_\_ Research / Development    \_\_\_\_\_ Technical Services

Work Field: Subspecialty (check all that apply)

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

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

\_\_\_\_\_ **Fellow**    **\$150** At least a BA / BS in a Chemical Science & 10 years of experience  
\_\_\_\_\_ **Member**    **\$110** At least a BA / BS in a Chemical Science  
\_\_\_\_\_ **Student Associate**    **\$35** Undergraduate or graduate in a Chemical Science  
(MUST submit photocopy of student ID)

### 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 curriculum vitae and payment to:  
American Institute of Chemists, Inc. ♦ 315 Chestnut Street, Philadelphia, PA19106  
Phone: 215/873-8224 ♦ Fax: 215/925-1954 ♦ Website: [www.TheAIC.org](http://www.TheAIC.org)  
Email: [AICOffice@TheAIC.org](mailto:AICOffice@TheAIC.org)