



American Chemical Society
Division of Nuclear Chemistry and Technology
Membership Application for 2008

Date _____

Name _____

Address _____

Address _____

City, State, Zip _____

Country, Postal Code _____

E-mail _____

Telephone _____ (work) _____ (home)

- | Membership Categories (check one): | Dues |
|--|------|
| <input type="checkbox"/> I'm an ACS Member - Member # _____ | \$20 |
| <input type="checkbox"/> I'm an ACS Society Affiliate Member - Member # _____ | \$25 |
| <input type="checkbox"/> I'm an ACS Emeritus Member - Member # _____
requires 5 years of prior paid Division membership | \$0 |
| <input type="checkbox"/> I'm an ACS graduate Student Member - Member # _____ | \$10 |
| <input type="checkbox"/> I'm a non-ACS member or an undergraduate ACS Student Affiliate | \$25 |

(Code 520) 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)

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E-mail: service@acs.org