



ACS Division of Geochemistry Division Membership Form

Last name _____

First Name _____ M.I. _____ Prefix _____

Address: _____

Phone No: (_____) _____ (Number at which you can be reached during business hours)

EMAIL ADDRESS _____ Please include your

PLEASE PRINT CLEARLY

e-mail address

Membership Category Please Check **One**

ACS Member/Associate \$ 10.00 _____

ACS National Affiliate \$ 10.00 ACS Membership No. if known _____

ACS Student Member \$ 7.00

Non ACS Members Division Affiliate \$ 12.00

Amount Remitted \$ _____

If paying by credit card Select one

Visa MasterCard

Card Number _____ Expiration Date _____

Card Holder Name _____

Please enter exactly as name appears on card

(Optional Information - Demographic purposes only)

Gender Male Female Year of Birth _____

Signature (Must be Signed)

Complete and return this form to the Division Table at a national ACS meeting, or Mail to ACS Member and Subscriber Services PO Box 182426, or Fax to (614) 447 3671 Columbus OH 43218-2426 Please attach Business Card if available to reduce processing errors.