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 e-mail address

PLEASE PRINT CLEARLY

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.