

APPLICATION FOR IUPAC AFFILIATE MEMBERSHIP IN 2010

Please Print in Capitals

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Date: _____

I wish to apply for IUPAC membership in 2010 and enclose a check for USD 35.00 made payable to IUPAC, or my credit card information is:

Card (VISA, Mastercard, etc.) _____

Account No. _____

Expiration Date: _____

3-Digit Security Code: _____

Name on Card: _____

Please provide credit card billing address if different from address given above.

Signature _____

Please send this form together with your payment to:

**IUPAC Secretariat
P.O. Box 13757
Research Triangle Park, NC 27709-3757
USA
Fax: 919-485-8706
Email: secretariat@iupac.org**