

**APPLICATION FOR IUPAC
SPONSORED AFFILIATE MEMBERSHIP IN 2010**

Please Print in Capitals

Name _____

Address _____

Telephone: _____

Fax: _____

E-mail: _____

Date: _____

I wish to apply for IUPAC sponsored membership in 2010.

Signature _____

My signature confirms that my 35th birthday will be in 2010 or later.

Please send this form to:

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