



**Application for Local Section Affiliate Membership in the
Northeastern Section of the American Chemical Society (NESACS)**

Dr. Mr. Mrs. Ms. Prof.

Last name _____ First Name _____ Middle initial _____

Academic Training

Name of College or University: _____

Address (City/ State or Province/ Country): _____

Curriculum Major _____

Title of Degree Received: A.S. B.S. M.S. Ph.D Year Received _____

Year for receiving certification or licensure for teaching (if applicable) _____

Preferred mailing address: Home Work

Employment Status: Employed Retired Unemployed (Dues Waived)

Place of Employment: _____

*Give place of previous employment if currently unemployed.

Job Title: _____

Work, School Address _____

City _____ State _____ Zip/ Postal code _____

Home Address _____

City _____ State _____ Zip/ Postal code _____

I prefer to be called at Work Home Cell

Phone: Work _____ Home _____ Cell _____

I prefer to receive E-mail at Work Home

Work E-mail _____ Home E-mail _____

Enclose a check or money order (no purchase orders) with this application payable to NESACS for \$20.00 to:
Mrs. Michaeline Chen, Membership Chair
529 Grove Street
Needham, MA 02492