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- 1. Mailed to AIChE PO Box 4429 Danbury, CT 06813-4429
- 2. Faxed to 1.203.775.5177
- 3. Emailed to customerservice@aiche.org



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2017 AIChE® GIFT MEMBERSHIP FORM



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First Name	Last Name
AIChE Member # (if applicable)	Date
MAILING ADDRESS: • HOME • BUSINESS	
Company Name	
	Address Line 2
	Zip Code Country
	s 🖵 Cell Email
We will promptly send you an email confirming your gift and will send a letter to U.S. Tax Deductibility: AIChE dues, including CEP subscription of \$31, are tax dedu	o the recipient announcing your generosity. uctible to the extent allowed by law. Please consult your tax advisor for further informatio
GIFT RECIPIENT(S) Please attach a separate form for	or additional gifts.
Recipient 1 Membership Type:	Recipient 2 Membership Type:
☐ Professional ☐ Young Professional ☐ Graduate Student	☐ Professional ☐ Young Professional ☐ Graduate Student
First Name	First Name
Last Name	Last Name
Job Title	Job Title
MAILING ADDRESS: ☐ HOME ☐ BUSINESS	MAILING ADDRESS: ☐ HOME ☐ BUSINESS
Company/University	Company/University
Address Line 1	Address Line 1
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City	City
State Zip Code	State Zip Code
Country	Country
Phone Home D Bus Cell	Phone D Home D Bus D Cell
Email	Email
$oldsymbol{\square}$ Add a Local Section, Division, Forum, or Technological Community	Add a Local Section, Division, Forum, or Technological Community
(see website or call Customer Service for details/rates)	(see website or call Customer Service for details/rates)
Graduation Date	Graduation Date
*Good for new professional memberships through December 31, 2017 in L	U.S. only. Not applicable on renewals of existing AIChE memberships.
PAYMENT INFORMATION	
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Gift(s) @ \$49 x	
Total:	Card Number
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