

2020 MEMBERSHIP APPLICATION

1. PROVIDE APPLICANT INFORMATION

I prefer to have my IfS materials sent to my ☐ Home ☐ Organization ☐ School

Name _____

Title _____ Company/Organization _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Bus. Tel. _____ Home Tel. _____ Cell Tel. _____ Fax _____

Email _____ Date of Birth ____ / ____ / ____ Gender ☐ F ☐ M

2. INDICATE YOUR ACADEMIC TRAINING

Name of College or University	Degree	Major	Date of Degree
_____	_____	_____	_____
_____	_____	_____	_____

3. INDICATE YOUR INDUSTRY/JOB FUNCTION

- | | | | |
|---|--|--|--|
| Industry
<input type="checkbox"/> Academic
<input type="checkbox"/> Chemicals, Specialty
<input type="checkbox"/> Biomedical
<input type="checkbox"/> Biotechnology & Bioprocessing
<input type="checkbox"/> Energy, Alternatives
<input type="checkbox"/> Energy, Bio-Based
<input type="checkbox"/> Energy, Fossil
<input type="checkbox"/> Chemicals, Commodity
<input type="checkbox"/> Consulting
<input type="checkbox"/> Engineering, Procurement & Construction
<input type="checkbox"/> Instrumentation & Automation | <input type="checkbox"/> Electronics
<input type="checkbox"/> Environment & Sustainability Services
<input type="checkbox"/> Equipment Manufacturers
<input type="checkbox"/> Life Sciences
<input type="checkbox"/> Food Products & Processing
<input type="checkbox"/> Forest Products
<input type="checkbox"/> Government
<input type="checkbox"/> Insurance & Legal Services
<input type="checkbox"/> Packaging
<input type="checkbox"/> Materials & Nanotechnology
<input type="checkbox"/> Personal Care Products
<input type="checkbox"/> Petrochemicals | <input type="checkbox"/> Pharmaceuticals
<input type="checkbox"/> Research & Development
<input type="checkbox"/> Retired
<input type="checkbox"/> Other
Job Function
<input type="checkbox"/> Consulting (in private practice)
<input type="checkbox"/> Education
<input type="checkbox"/> Environmental Engineering
<input type="checkbox"/> Information Technology
<input type="checkbox"/> Legal Services
<input type="checkbox"/> Management, Executive
<input type="checkbox"/> Management, Engineering & Design | <input type="checkbox"/> Other
<input type="checkbox"/> Purchasing
<input type="checkbox"/> Finance/Economics
<input type="checkbox"/> Plant Engineering
<input type="checkbox"/> Process & Product Development
<input type="checkbox"/> Plant Operations
<input type="checkbox"/> Project Engineering
<input type="checkbox"/> Research & Development
<input type="checkbox"/> Sales & marketing
<input type="checkbox"/> Safety & Loss Prevention
<input type="checkbox"/> Technician
<input type="checkbox"/> Unemployed |
|---|--|--|--|

4. MEMBERSHIP DUES

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Professional Member: | \$50 |
| <input type="checkbox"/> Professional Member of AIChE (\$199 paid membership): | \$25 AIChE Member Number: _____ |
| <input type="checkbox"/> Graduate Student Member: | \$50 |
| <input type="checkbox"/> Graduate Student Member of AIChE (\$50 paid membership): | \$25 AIChE Member Number: _____ |
| <input type="checkbox"/> Undergraduate Student Member: | FREE |

5. MEMBERSHIP OPTIONS

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> AIChE \$199 | <input type="checkbox"/> DIERS \$75 | <input type="checkbox"/> Pharmaceutical Discovery, Development and Manufacturing Forum \$10 |
| <input type="checkbox"/> SBE \$15 | <input type="checkbox"/> Chemical Engineering & the Law Forum \$20 | <input type="checkbox"/> Sustainable Engineering Forum FREE (for IfS members) |
| <input type="checkbox"/> ISWS \$15 | <input type="checkbox"/> Particle Technology Forum \$15 | |
| <input type="checkbox"/> IMES \$25 | | |

6. CHECK YOUR METHOD OF PAYMENT

- ☐ **Check enclosed** (US \$ drawn on a US Bank, made out to Institute for Sustainability, AIChE®)
- ☐ **Credit Card**
- | | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> VISA | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Diners Club | <input type="checkbox"/> Discover | |

TOTAL (Sections 4 & 5) \$ _____

Card Number _____
Exp. Date _____
Print Card Holder's Name _____
Card Holder's Signature _____

I, the undersigned, attest that the statements I have given are true. I agree to abide by the bylaws of the Institute for Sustainability.

Signed _____ Date _____

IfS dues are tax deductible to the extent allowed by law. Please consult your tax advisor for further information.