



Teacher Affiliates Group

North Jersey Section • American Chemical Society

APPLICATION FOR AFFILIATION

Please print or type:

Name: _____
Last First Middle Initial

Home Address: _____
Number and Street Apt. #

_____ City State Zip Code

() _____ () _____
Home Phone Number Business Phone Number

Place of Employment: _____
School or Business Name

_____ Number and Street

_____ City State Zip Code

Occupation: _____

Years Experience in Chemistry: _____ Teaching _____ Industry _____ Other

Please write your membership number in the space provided if you are a regular member of the American Chemical Society. **As a regular member you DO NOT PAY AFFILIATION DUES.**

Membership number: _____ E-mail address: _____

Signature: _____ **Date:** _____

We are creating a Membership Directory to be used only by ACS-TA members to contact one another. Check the box below only if you **do not** want your name, phone number, and e-mail address included on this membership list.

Do not include me in the Membership Directory.

Please return the completed application and affiliation dues (\$15) to:

David T. Lee
ACS-TA Membership Chairman
21 Jay Street
Succasunna, NJ 07876-1809

Please make checks payable to: "ACS-TA"