APPLICATION FOR IUPAC AFFILIATE MEMBERSHIP IN 2008

Name:	
Address:	
Telephone:	
Fax:	
Email:	
	for IUPAC membership in 2008 and enclose a check for USD 35.00 made payable to credit card information is: Card (VISA, Mastercard, etc.) Account No Expiration Date: 3-Digit Security Code: Name on Card: Please provide credit card billing address if different from address given above.
Signature Please send this	form together with your payment to:
rease send time	Total together with your physical to
	IUPAC Secretariat
	P.O. Box 13757
	Research Triangle Park, NC 27709-3757

Fax: 919-485-8706

Email: secretariat@iupac.org