



**Polymer Processing Society
Membership Application**

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Membership Choice: 1 Year - \$80.00 3 Year - \$200.00

Cheque Enclosed:

Credit Card: Visa Mastercard Amex

Credit Card Number: _____

Credit Card Expiry Date: _____

Cardholder Name: _____

Signature: _____

Mail or Fax to: **Polymer Processing Society**
American Institute of Physics
Suite # 1NO1, 2 Huntington Quadrangle
Melville, NY 11747-4502, USA
Phone: 800-344-6902 or 516-576-2270*
Fax: 516-349-9704* E-mail: pps@aip.org

