AMERICAN CRYSTALLOGRAPHIC ASSOCIATION, Inc.

Application for Membership 2004

Family Name _____

First Name _____

Business Mailing Address:

Dept_____

Inst_____

Street_____ Box/Apt/MS _____

City _____ State/Prov. _____

Zip/Postal Code_____ Country _____

Telephone _____ Fax _____

E-mail:_____

Date of Birth_____

Highest Degree _____ Field of Degree _____Year Received _____

Home Mailing Address:

Street_____

City _____ State/Prov. _____

Zip/Postal Code_____ Country _____

Preferred Mailing Address: ❑ Business ❑ Home

May we list the above information on our web site? ❑ Yes ❑ No

Membership Category

- ❑ Regular $90.00
- ❑ Post Doc* $36.00
- ❑ Student** $24.00
- ❑ Retired $39.00
- ❑ Corporate $850.00

Have you previously been a member?

❑ Yes ❑ No If yes, what year? _____

Special Interest Group(s)

- ❑ Biological Macromolecules
- ❑ Fiber Diffraction
- ❑ General Interest Group
- ❑ Materials Science
- ❑ Neutron Scattering
- ❑ Powder Diffraction
- ❑ Service Crystallography
- ❑ Small Angle Scattering
- ❑ Small Molecules
- ❑ Synchrotron Radiation
- ❑ Young Scientist

Signatures

***Student* Category applicants must provide the signature of teaching staff certifying that the applicant is a student at above named institution

_____ _____

Signature of teaching staff Title

**Post Doc* Category available for 5 years after receiving Ph.D. Year degree received _____

Optional Airmail Fees

Outside North America only

❑ ACA Quarterly Newsletter $30.00 ❑ Physics Today $20.00

❑ 2004 Program & Abstract Book $20.00

Optional Subscriptions

❑ Acta Cryst E - $40.00

❑ CiSE magazine - $48 within U.S. $58 non-U.S.

Membership Fee $_____

Airmail Fee(s) $_____

Subscriptions $_____

TOTAL **$**_____

Payment

❑ Check (U.S. only) ❑ VISA ❑ MasterCard ❑ American Express

Card Number__/__/__/__ - __/__/__/__ - __/__/__/__ - __/__/__/__ Good thru/exp. date ____/____ month year

Print Name of Card Holder_____ Signature of Card Holder _____

Send application with payment in U.S. funds: **American Crystallographic Association, P.O. Box 96 Ellicott Station, Buffalo NY 14205-0096 U.S.A.**
Phone: (716) 856-9600 ext. 379 Fax: (716) 852-4846, E-mail: aca@hwi.buffalo.edu, www.hwi.buffalo.edu/aca/