

## PPS Membership Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MEMBERSHIP CHOICE (Please select one):

\_\_\_\_\_ 1 Year - \$80.00 USD

\_\_\_\_\_ 3 Years - \$200.00 USD

METHOD OF PAYMENT:

\_\_\_\_\_ CHECK ENCLOSED

\_\_\_\_\_ VISA

\_\_\_\_\_ MASTERCARD

\_\_\_\_\_ AMERICAN EXPRESS

Credit Card Number: \_\_\_\_\_

Credit Card Expiry Date: \_\_\_\_\_

Cardholder Name : \_\_\_\_\_

Signature: \_\_\_\_\_

PLEASE MAIL OR FAX THIS FORM TO:

Polymer Processing Society  
American Institute of Physics

Suite #1NO1

2 Huntington Quadrangle

Melville, NY 11747-4502

USA

Phone: 800-344-6902

Fax: 516-349-9704

E-mail: [pps@aip.org](mailto:pps@aip.org)