



Domestic Affiliate Form The Council for Chemical Research

Domestic Affiliate

Organization Name _____
Division Name _____
Street Address _____ Suite # _____
City _____ State _____ Zip _____
Main Phone _____ Main Fax _____
Company Website _____

Key Contacts

Representative Name _____
Title _____
Street Address _____ Suite # _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

Certification

I certify that the applicant organization maintains a staff and facilities for the purpose of conducting a technical program in the chemical sciences or engineering in the United States.

Representative Signature

Date

Dues

Enclosed is a check or credit card payment in the amount of \$2,000 covering annual membership dues for our company through **December 2011**. Because CCR is tax exempt under Section 501(c)(3) of the Internal Revenue Code, dues are fully tax deductible.

Please charge my: VISA MasterCard Amex Check enclosed

Card # _____ Exp. Date _____

Zip Code _____ Security Code _____

Return to:

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Email: pmendez@ccrhq.org