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Membership forms must be:

- Mailed to AIChE PO Box 4429 Danbury, CT 06813-4429
- 2. Faxed to 1.203.775.5177
- 3. Emailed to customerservice@aiche.org



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Address Line 1	Address Line 2
City State	Zip Code Country
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We will promptly send you an email confirming your gift and will send a lett U.S. Tax Deductibility: AIChE dues, including CEP subscription of \$31, are to GIFT RECIPIENT(S) Please attach a separate for	ax deductible to the extent allowed by law. Please consult your tax advisor for further information.
Recipient 1 Membership Type: Professional Young Professional Graduate Student First Name	Recipient 2 Membership Type: Professional Young Professional Graduate Student First Name
Last Name	
Job Title	
MAILING ADDRESS: HOME BUSINESS	MAILING ADDRESS: HOME BUSINESS
Company/University	
Address Line 2	
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Country	
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Add a Local Section, Division, Forum, or Technological Communit	
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Graduation Date	Graduation Date
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