



Give the Gift of AIChE® Membership for Just \$49

You understand the value of your AIChE membership, so we invite you to share the experience with others, so they too can take advantage of benefits like:

- **Career support and tools**, to sharpen soft skills, while managing career progress;
- Preferred rates on our popular global conferences to learn from experts while networking worldwide;
- A full array of education and training resources for chemical through AIChE ILI;
- 24/7 AIChE eLibrary access for research needs;
- **Substantial savings** on publications, books, magazines and journals;
- Unlimited access to, *CEP* magazine
- Discounts on a wide range of products and services for personal and professional needs
- Quality Insurance plans at competitive group rates, and so much more.

PLUS! Access to **AIChE Engage**, the mobile-friendly platform that connects AIChE members with each other and their chemical engineering communities from anywhere in the world!

If you know some who is:

- ✓ An outstanding employee;
- ✓ A recent graduate entering the workplace;
- ✓ A colleague who hasn't yet joined the network;
- ✓ Any engineering professional who wants to stay in the know with the latest industry content;

Gift the Gift of membership today!

Gift memberships cost just \$49 each. You may give as many as you like and because this offer is so valuable, we must restrict it to new members only (good for new professional membership through December 31 in U.S. only). Membership renewals cannot be gifted.

Email questions to customerservice@aiche.org or call toll-free at 1.800.242.4363 or 1.203.702.7660 (outside U.S.).

All membership forms must be:

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

AIChE® GIFT MEMBERSHIP FORM



PO Box 4429
Danbury, CT 06813-4429 USA
Phone: Toll-free: 800.242.4363 (U.S.) or
1.203.702.7660 (outside U.S.).
Fax: 203.775.5177

Email: customerservice@aiche.org
Web: www.aiche.org

Give a New Member* the Gift of AIChE Membership for Only \$49

Please return the completed form to AIChE address at top right.

GIFT GIVER

First Name _____ Last Name _____

AIChE Member # (if applicable) _____ Date _____

MAILING ADDRESS: HOME BUSINESS

Company Name _____

Address Line 1 _____ Address Line 2 _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Home Bus Cell Email _____

We will promptly send you an email confirming your gift and will send a letter to the recipient announcing your generosity.

U.S. Tax Deductibility: AIChE dues, including CEP subscription of \$31, are tax deductible to the extent allowed by law. Please consult your tax advisor for further information.

GIFT RECIPIENT(S) Please attach a separate form for additional gifts.

Recipient 1 Membership Type:

Professional Young Professional Graduate Student

First Name _____

Last Name _____

Job Title _____

MAILING ADDRESS: HOME BUSINESS

Company/University _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ Zip Code _____

Country _____

Phone _____ Home Bus Cell

Email _____

Add a Local Section, Division, Forum, or Technological Community

(see website or call Customer Service for details/rates)

Graduation Date _____

Recipient 2 Membership Type:

Professional Young Professional Graduate Student

First Name _____

Last Name _____

Job Title _____

MAILING ADDRESS: HOME BUSINESS

Company/University _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ Zip Code _____

Country _____

Phone _____ Home Bus Cell

Email _____

Add a Local Section, Division, Forum, or Technological Community

(see website or call Customer Service for details/rates)

Graduation Date _____

*Good for new professional memberships through December 31, this year in U.S. only. Not applicable on renewals of existing AIChE memberships.

PAYMENT INFORMATION

Number of Gift Memberships: 1 2 3 4 5 6 7 8 9 10

Gift(s) @ \$49 x _____

Total: _____

Form of Payment

Check enclosed (payable to AIChE)

Credit Card: MasterCard VISA American Express
Diners Club Discover

Card Number _____

Exp. Date _____

Print Card Holder's Name _____

Card Holder's Signature _____