

# 2024 Membership Application

Please return completed form to address/email.

Web: [www.aiche.org](http://www.aiche.org) • Email:



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

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

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

Mailing Address: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

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

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

EMPLOYER TITLE: \_\_\_\_\_

Gender:  Male  Female  Other

Please Provide the Following Contact Information. (If you are a student, please provide your school address.)

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

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

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

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

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

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

I hereby certify that the information provided on this application is true and correct to the best of my knowledge and belief.

I agree to abide by the AICHE Code of Ethics and the AICHE Policy on Conflicts of Interest. I understand that my membership is subject to the AICHE Bylaws and the AICHE Code of Ethics. For more information, please visit [www.aiche.org/about/governance/policies/code-ethics](http://www.aiche.org/about/governance/policies/code-ethics).

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## 1 Select Your Membership Category

Regular Professional (1/1)  
 Regular Student (1/11)  
 Regular Youth (1/11)  
 Regular Life (1/1)  
 Regular Sustaining (1/1)  
 Regular Corporate (1/1)

Family (Spouse) \_\_\_\_\_  
 Family (Children) \_\_\_\_\_ \$ \_\_\_\_\_

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