



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

AREAS OF INTEREST: (PLEASE CIRCLE)

HPLCMS

CE

GC

GCMS

HPLC

Other:

MEMBERSHIP FEE \$35 ANNUAL \$115 5 YEAR CORPORATE (SEE INFO)

SIGNATURE

I authorize the verification of the information provided on this form.

Signature of applicant:

Date:

Mail your completed application and check payable to: **Chicago Chromatography Discussion Group (or CCDG)**
1456 Gardner Rd, Westchester, IL 60154

We accept Mastercard, Visa or American Express

Name on Card: _____ Exp Date: _____

Billing Address: _____ St: _____ Zip: _____

Total Amount to be charged to credit card \$ _____

Signature _____

Please list any comments or suggestions below:
