



CENTRAL FLORIDA SECTION
AMERICAN INSTITUTE OF CHEMICAL ENGINEERS
MEMBERSHIP REGISTRATION FORM
2008 – 2009

To register as a Local Member please complete the following information and mail it to:

Treasurer
AIChE Central Florida Section
4798 South Florida Avenue Suite # 253
Lakeland, Florida 33813

Mail it with your \$20.00 check, payable to AIChE Central Florida Section. If you wish to pay at the meeting, please bring the completed form with you. **(Please Print)**

Name

Company

	<u>Preferred Address</u>	<u>Alternate Address</u>
Address		
City, State		
Zip Code		
Telephone:		
Fax:		
E-Mail Address		

AIChE Central Florida publishes a directory of Section Members Each Spring, May We Publish the above information: Yes or No (Please Circle one)

Under pending Federal laws, AIChE must have my written permission in order to communicate with me via fax or email. I hereby give AIChE-CF written permission to communicate with me via ___ fax and/or ___ email at the number and addresses shown herein.

Are you a member of the National AIChE? (Please check one) Yes ___ No ___

I will be paying my local dues through the Local ___ or the National ___