## Sigma Xi, The Scientific Research Society P.O. Box 13975

Sigma Xi, The Scient P.O. Box 13975 Research Triangle For Membership Office  Please check here if weeks. Overnight courier will be deducted from the Date Certificates Require	After comp individual list form to the on the cert combined in the alternation of the service year have to retain a concertificates	ATTENTION: Print or Type When Completing This Form  After completing this form, please send a nomination form for each individual listed, a single chapter check for the total amount due, and this form to the membership office. Please type each name as it should appear on the certificate and indicate the amount paid by each individual. In a combined membership please include a note that stipulates the name of the alternate member and which of the two members should receive American Scientist. Promoted members, whose dues for the current fiscal year have been paid already, should remit the promotion fee only. Please retain a copy of this form for your records. Replacements for lost certificates can be ordered for \$20.00 each. If you need further assistance please call the membership office. Thank You!					
Certificates should	be shipped to:						
NAME: _	TELEPHON	TELEPHONE NUMBER:					
ADDRESS: (NO P.O. BOXE	NUMBER C	E-MAIL ADDRESS: _  NUMBER OF NAMES LISTED: _  DATE PREPARED: _  SIGNATURE OF REPARED:					
CHAPTER NAME: _				SIGNATURE OF PREPARER: _ CHAPTER NUMBER: _			
Promoted Members	Member #	Amount Paid	New Full Members	Amount Paid	Associate Members	Amount Paid	

Promoted Members	Member #	Amount Paid	New Ful	l Members	Amount Paid	Associate Members	Amount Paid				
FOR HEADQUARTERS USE ONLY											
DATE CHECK RECEIVED:				BATCH DATE:							
CHECK #: AMOUNT:				DATE DATA CARDS RECEIVED:							
DATE HANDBOOKS/CERTIFICATES SHIPPED:				HISTORY:							