

**PACIFIC SOUTHWEST SECTION
INDIVIDUAL MEMBERSHIP APPLICATION**



The Scientific Association Dedicated to Analytical Excellence

Name: Dr., Mr., Ms. _____
First MI Last

Company (Agency, University, etc.) _____

Address: _____
Street

_____ *City State ZIP code*

Telephone: () _____ - _____ FAX:() _____ - _____

E-Mail Address: _____

I would like to join PSW-AOAC for () one year @ \$10.00

() two years @ \$20.00

Please make checks payable to PSW-AOAC (sorry no credit cards accepted)

Return payment and registration form to:

Ms. Marsha C. Galicia
Alcohol and Tobacco Tax and Trade Bureau
490 N. Wiget Lane
Walnut Creek, CA 94598

For Office Use

Date Received ____/____/____ Amount \$ _____ Check _____ Cash _____
By _____ Recorded ____/____/____