



AMERICAN INSTITUTE OF HYDROLOGY REQUEST FOR PROFESSIONAL STAMP / SEAL

MEMBER NAME:

FOR OFFICE USE ONLY
Request Received:
Certificate Number:
Payment Amount:
Check Number:

MEMBERSHIP LEVEL	SPECIALTY AREA
<input type="checkbox"/> Professional Hydrologist	<input type="checkbox"/> Surface Water (SW)
<input type="checkbox"/> Professional Hydrogeologist	<input type="checkbox"/> Ground Water (GW)
	<input type="checkbox"/> Water Quality (WQ)

REQUEST FOR:

- Rubber Stamp \$75.00
- Metal Seal \$95.00
- *Shipments outside the U.S. require an additional fee of \$25.00

NAME – EXACTLY AS YOU WANT IT TO APPEAR ON STAMP / SEAL (Please print clearly):

SHIP TO ADDRESS (Stamps and seals are shipped via UPS, therefore you must supply a street address):

Name: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Country*: _____

ATTEST:

In affixing my signature to this Request for Professional Stamp / Seal, I affirm that I will use the Stamp and/or Seal in connection with my professional work and under the Rules of Professional Conduct and the Code of Ethics of the American Institute of Hydrology.

I understand that the Stamp and/or Seal remains the property of the American Institute of Hydrology and must be surrendered, within thirty days (30 days), upon termination of my Membership in the American Institute of Hydrology and/or expiration of my Certification.

..... day of.....,
 (Year) (Signature of Member)

PAYMENT METHOD (please check one):

Payment of \$_____ (US Dollars) enclosed Check No.: _____

Or request Administration Office to set payment in our web site

RETURN WITH PAYMENT IN US DOLLARS TO:

Address: American Institute of Hydrology
 1230 Lincoln Drive
 Carbondale, IL 62901-6603

Telephone: 618-453-7809 Fax: 618-453-3044