



## REQUEST FOR PROFESSIONAL STAMP / SEAL

### MEMBER NAME:

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)

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

### REQUEST FOR:

- Rubber Stamp      \$65.00
- Metal Seal          \$95.00
- \*Shipments outside the U.S. require an additional fee of \$35.00

### 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.: \_\_\_\_\_

Charge to       Visa       MasterCard       American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

### RETURN WITH PAYMENT IN US DOLLARS O:

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

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

