



SAN DIEGO ASSOCIATION OF GEOLOGISTS

www.sandiegoeologists.org

2019 MEMBERSHIP FORM

NAME: _____ DATE: _____

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Please include company, university or other affiliation

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NOTE: Your membership dues include delivery of the monthly SDAG newsletter and announcements to the email addresses given.

Phone: Home: _____ Work: _____ Cell: _____

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Are you willing to serve as an **officer**? _____ Are you willing to volunteer as a **guest speaker**? _____

Field(s) of Interest: _____

Dues: _____ Student Member (email delivery only) \$ 5.00

(check choice) _____ Regular Member (email delivery only) \$ 25.00

_____ Donation Student Scholarships \$ _____

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Please enclose a check payable to SDAG, and mail to:

San Diego Association of Geologists (SDAG)

3130 N Evergreen Street

San Diego, CA 92110