APPLICATION FOR MEMBERSHIP
EVERGLADES GEOLOGICAL SOCIETY

P.O. Box 61684
Fort Myers, Florida 33906

Name: _____

Company Name: _____

Company Address: _____

Position in Company: _____

Office Phone #: _____ Office Fax: _____

Home Address: _____

Email Address: _____

Professional Registrations: _____

Name of School	Degree	Major	Graduation Year

Type of Membership (Circle): AIPG GSA SEPM AGU
Other: _____

Type of AAPG Membership (Circle): None Jr. Student Active Associate

Sponsor's Signature: _____
(Not required if Active member of society listed above)

Type of Membership Approved: _____ Date: _____

Dues Amount (Circle one): $18.00 (Active Member)
$9.00 (Associate Member)

Voluntary Contribution to Academic Scholarship Fund: $ _____

Each member's involvement in the Society is encouraged and any assistance with the committees below is welcomed. Please indicate if you ae interested in serving on one or more of the following committees of the Everglades Geological Society.

1. Academic Liason Committee
2. Advertising Committee
3. Field Trip Committee
4. Finance Committee
5. Membership Committee
6. Publications Committee
7. Technical Program Committee