

It's Easy to Join the SGS!

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Fill in the blanks,
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to: ↘**

SHREVEPORT GEOLOGICAL SOCIETY, P.O. BOX 750 - SHREVEPORT, LA 71162

APPLICANT OR MEMBER PLEASE TYPE OR PRINT

Date _____

LAST NAME	FIRST	INITIAL	NICKNAME
COMPANY		POSITION OR TITLE	
COMPANY MAILING ADDRESS		CITY	STATE
HOME ADDRESS		CITY	STATE
FAX NUMBER		EMAIL ADDRESS	
CELL PHONE			
SCHOOL	DEGREE	MAJOR	YEAR

PROFESSIONAL AFFILIATIONS: AAPG GSA SEG SEPM AIME SPWLA
 APGS PS AGU SIPES SPE OTHER _____

SPOUSE'S NAME _____ PREFERRED MAILING ADDRESS HOME
 BUS

OUTLINE OF EXPERIENCE: _____

QUALIFICATIONS FROM BY-LAWS

In order to be eligible for active membership, an applicant shall be engaged in the practice or teaching of geology or related sciences

In order to be an associate member, an applicant shall be interested in geological science but not actively engaged in the practice or teaching of geology or related sciences.

To The Executive Board:

I hereby apply for _____ ACTIVE _____ ASSOCIATE membership in SHREVEPORT GEOLOGICAL SOCIETY and pledge myself to abide by its Constitution and Bylaws.

Date: _____ Signature: _____

SPACE BELOW TO BE USED FOR PROCESSING ONLY

Membership Committee Received _____ Approved for <input type="checkbox"/> Active <input type="checkbox"/> Associate <input type="checkbox"/> Student	Executive Board Approved _____ Secretary _____ Date _____
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