**SGA**

Society for Geology Applied to Mineral Deposits (www.e-sga.org)

**MEMBERSHIP APPLICATION FORM**

I would like to become a member of the **Society for Geology Applied to Mineral Deposits** and to receive my personal copy of **Mineralium Deposita**. Membership fees will be due after acceptance of the membership application by the SGA Council.

**- Type or Print -**

|  |  |
| --- | --- |
| **Name / Corporation** |  |
| **First name** |  |
| **Title** |  |
| **Mailing address** |  |
|  |  |
|  |  |
| **Phone** |  |
| **Fax** |  |
| **e-mail** |  |
| **Academic degrees** |  |

**Check only one of the two boxes below**

I want to receive Mineralium Deposita and membership privileges for the current calendar year including back issues

I want to receive Mineralium Deposita and membership privileges for the next calendar year

**Select your Membership Dues**

75.00 EUR Regular Member (Print+Internet **Mineralium Deposita** and **SGA News**)

60.00 EUR Regular Member (Internet only **Mineralium Deposita** and **SGA News**)

10.00 EUR Student Member (Internet only **Mineralium Deposita** and **SGA News**, certificate required)

60.00 EUR Student Member (Print+Internet **Mineralium Deposita** and **SGA News**, certificate required)

60.00 EUR Senior Member (Print+Internet **Mineralium Deposita** and **SGA News**, after retirement - certificate required)

300.00 EUR Corporate Member (includes 3 copies of **Mineralium Deposita**) (for industry only, no academic)

**I would like to make a donation** of EUR …………….for the SGA Educational Fund (established in 2013 to support student´s activities)

**Total amount paid: EUR ……………………**

If my application is approved by the SGA Council, I authorize the "Society for Geology Applied to Mineral Deposits" to charge the total amount (see immediately above) to my credit card:

VISA  MASTERCARD/EUROCARD

**Card No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expiry date (MM/YY):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(if you do not intend to pay by credit card, an invoice will be issued after acceptance of your application)

**Sponsor (SGA member):**  
                      Name                      Place                       Date                      Signature    
  
1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send the Membership Application Form to:**

Dr. Jan Pasava

SGA Executive Secretary Phone: ++(420)-2-51085506

Czech Geological Survey Fax: ++(420)-2-51818748

Klárov 131/3 E-mail: secretary@e-sga.org

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