

ASSOCIATION OF MISSOURI GEOLOGISTS

Membership Application

To the Executive Committee of the Association of Missouri Geologists:

I herewith apply for membership in the Association. I submit that I am qualified for membership in the following category as defined by the Constitution (www.missourigeologists.org).

Check one: _____ Professional Member (\$20.00/year)
_____ Retired Professional Member (\$10.00/year)
_____ Non-Voting Associate Member (undergraduate student, non-professional, etc.)
(\$5.00/year)

AMG Constitution, Article IV, Section 7: Members elected between July 1 and the last day of the fiscal year, inclusive, shall be considered members for the current year, and shall not be obliged to pay dues until the first day of the next fiscal year following their election.

Name: _____ **Present Position:** _____

Employer: _____

Employer's Address: _____

Work Phone: (____) _____ **Fax:** (____) _____ **E-mail address:** _____

*Home Address: _____

*Home phone: (____) _____ *Home e-mail address: _____

Education and Experience: _____

Sponsors (must be members of the Association; give name, address, phone number):

1. _____

2. _____

I understand that the AMG Executive Committee will review my qualifications and vote to accept or reject within two weeks of the Annual Meeting. New members will be announced at the Annual meeting.

Signature of Applicant _____ **Date** _____

Return to: ASSOCIATION OF MISSOURI GEOLOGISTS
c/o Robert M. Rohlfs, Treasurer
Leggette, Brashears & Graham, Inc.
405 E. 19th Avenue, Suite A2
North Kansas City, MO 64116

* Please note that submitting this information is optional. If you have any questions, please contact Rob Rohlfs at rrohlf@lbgkcmo.com.