



SAN DIEGO ASSOCIATION OF GEOLOGISTS

www.sandiegoeologists.org

2025 MEMBERSHIP FORM

NAME: _____ DATE: _____

Please type or print clearly.

Address: _____

Affiliation (Company, University, Other): _____

E-mail Address: _____

NOTE: *Your membership dues include delivery of the monthly SDAG newsletter and announcements to this email address.*

Cell Phone: _____

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

Field(s) of Interest: _____

Annual Dues: _____ Student Member **\$10.00**
(**check choices**) _____ Regular Member **\$30.00**
_____ Additional Donation - Student Scholarships \$ _____

TOTAL PAYMENT ENCLOSED = \$

(Note – If your membership + donation to Student Scholarships totals \$100 or more, please consider using the SDGS Sponsorship Form)

☐ New Member **OR** ☐ Continuing Member

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

San Diego Association of Geologists (SDAG)

3130 N Evergreen Street

San Diego, CA 92110