

Wisconsin Geological Society, Inc.

Membership Application Form
(Please print all information)



Name: _____

(If family membership, please include name of spouse/partner on above line.)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ E-mail Address: _____

(Include Area Code)

I would like *The Trilobite* E-mailed to me.

Membership Classification Applied for: (Please check one)

Single: Annual dues \$20.00

Family: Annual dues \$25.00. Two adults and their children under 18 years of age.
Please provide names and birth dates of children below.

Subscription to *The Trilobite* only: Annual cost \$15.00

**Fill out and bring this
application with you to our
next monthly meeting**

Names of children and their birth month and year:

Interest in Jr. Rock Hounds:

How did you learn about us? _____

Please tell us what activities you are interested in: (Please check your areas of interest)

<input type="checkbox"/> Field Trips	<input type="checkbox"/> Mineralogy	<input type="checkbox"/> Serve on Show Committee
<input type="checkbox"/> General Geology/Earth Science	<input type="checkbox"/> Paleontology	<input type="checkbox"/> Serve on Society Committee
<input type="checkbox"/> Junior Rock hounds	<input type="checkbox"/> Presentations	<input type="checkbox"/> Show Exhibits
<input type="checkbox"/> Lapidary Arts	<input type="checkbox"/> Serve as an Officer	<input type="checkbox"/> Study Groups

Please tell us about yourself. Do you have any talents or skills that you feel could be helpful to The Society?

Your Occupation: _____ Other Interests: _____

Dues for new members are pro-rated, based on when you join. Annual dues are due on November 30th of each year; therefore, for someone joining The Society in May the dues would be \$7.50 for a Single Adult and \$10.00 for a Family. Questions regarding the pro-rating of dues can be directed to The Society Treasurer.

Please sign and date form and forward with dues to the Treasurer, Wisconsin Geological Society, Inc. Make checks payable to the **Wisconsin Geological Society**. Membership applications will be reviewed for approval at the next WGS meeting.

(Signature of Applicant)

(Date)

**If you can't make the next meeting, scan this 1st page to wisgeosociety@gmail.com
OR apply online: <https://form.jotform.com/240756717836164>**

Wisconsin Geological Society, Inc. (WGS)

Please do not write on this side, WGS Office use only.

Membership Applicant's Name: _____

Membership Classification: Single Family Subscription to *The Trilobite* only

Received by _____ of WGS on ____ / ____ / ____ (date)

Received by _____, Treasurer of WGS on ____ / ____ / ____ (date)

Accepted as Member of WGS _____ / _____ / _____ (date)

Notified: Membership Chairperson / / (date)

Editor of The Trilobite _____ / _____ / _____ (date)

Publisher of *The Trilobite* / / (date)