



P.O. Box 844

MGS

Montana Geological Society

Billings, MT 59103

Membership Application

Last Name _____

First Name _____ Middle Initial _____

Company/Affiliation _____

Street _____

City _____ State _____ Zip _____

Phone (w) _____ Phone (h) _____ Phone (c) _____

E-Mail _____

AAPG Member (please circle) YES NO

Education (School, Degree, Year)

Degree #1 _____

Degree #2 _____

Degree #3 _____

ANNUAL DUES:

_____ \$20.00 Regular

_____ \$10.00 Student

If you would like to be listed in the online Consultant Directory, please complete the following:

Contact name (if different from above) _____

Contact email (if different from above) _____

Company name _____

Phone _____

Area(s) of expertise _____
