



Society for Geology Applied to Mineral Deposits ([www.e-sga.org](http://www.e-sga.org))

## APPLICATION FORM FOR NEW MEMBERS

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

**- Note that incomplete forms and those that are not legible will NOT be processed! -**

<u>Last name*</u>	
<u>First name*</u>	
Title	
<u>Postal address*</u>	
Phone	
<u>e-mail*</u>	
Academic degrees	

### Select your Membership Dues\*

\* mandatory fields

- 75.00 EUR Regular Member (Printed copy + online access **Mineralium Deposita** and **SGA News**)
- 60.00 EUR Regular Member (Online access only **Mineralium Deposita** and **SGA News**)
- 10.00 EUR Student Member (Online access only **Mineralium Deposita** and **SGA News**, certificate required)
- 60.00 EUR Student Member (Printed copy + online access **Mineralium Deposita** and **SGA News**, certificate required)
- 60.00 EUR Senior Member (Printed copy + online access **Mineralium Deposita** and **SGA News**, after retirement, certificate required)
- 300.00 EUR Corporate Member (includes 3 printed copies of **Mineralium Deposita**) (for industry only, no academic)

Applications **until September 30<sup>th</sup>** will be processed for the current year. **From October 1<sup>st</sup>** membership starts with the following year.

### Donation for the SGA Educational Fund

- I want to donate \_\_\_\_\_ EUR to the SGA Educational Fund and
  - agree that my (or company) name as donor will be published in SGA media/conferences
  - wish to remain anonymous

If my application is approved, I authorize the "Society for Geology Applied to Mineral Deposits" to charge the above amount (please tick) to the given credit card:			
<input type="checkbox"/> VISA		<input type="checkbox"/> MASTERCARD/EUROCARD	
Card Holder*	_____	Expiry date (MM/YY)*	_____
Card No*	_____	3-digit security code*	_____
Signature*	_____	Place and date:	_____
(If you do not intend to pay by credit card, please make a note here and an invoice will be issued after acceptance of your application)			
<b>Sponsor (SGA member):</b>			
Name	Place	Date	Signature
_____	_____	_____	_____

### Send the Membership Application Form to:

Dr. Jan Pašava, SGA Executive Secretary, Czech Geological Survey, Klárov 131/3, CZ-118 21 Praha 1, CZECH REPUBLIC  
Phone: ++(420)-2-51085506, Fax: ++(420)-2-51818748, e-mail: [secretary@e-sga.org](mailto:secretary@e-sga.org).

**Please note, that bank charges will not be covered by SGA!**