



Harrisburg Area Geological Society Membership Application

Name _____

Position or title _____

Employer _____

Official use only:

Membership #: _____

Membership fee: \$ _____

Method of Payment: _____

Receipt #: _____

By: _____

Business phone _____ Fax _____

e-mail _____ Home Phone _____

Do you wish to receive the HAGS Newsletter by *e-mail* _____ or *hard copy* _____?

Mailing address

Dues Student \$6 _____ Life member \$75 _____

Associate \$8 _____ Corporate \$100 _____

Professional \$10 _____

Category of Membership _____ New _____ Renewal _____

Please make checks payable to H.A.G.S. and send to:

Joan Anderson
Department of Military and Veterans Affairs
Building 0-11, Ft. Indiantown Gap
Annville, PA 17003

Applicant Signature: _____ Date: ____/____/____