



Society for Geology Applied to Mineral Deposits (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 30th** will be processed for the current year. **From October 1st** 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

* ☐ I agree to the SGA data privacy policy as published at <https://e-sga.org/contact-us/data-privacy-policy>

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:

☐ VISA ☐ 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)

Sponsor (SGA member):

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.

Please note that bank charges will not be covered by SGA.

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