

GEOPHYSICAL SOCIETY OF KANSAS (GSKS) – MEMBERSHIP APPLICATION

INSTRUCTIONS: Please provide all available relevant information at the time of initial application. If required information is not provided, the application may be returned, resulting in delayed approval.

Name: _____ Date: _____

Home Address: _____
Street Apt # City State Zip

Home Telephone: (____) _____ Email 1: _____

Email 2: _____

Employer: _____

Business Address: _____

Business Phone: (____) _____ Ext. # _____

Job Title: _____

I prefer to receive my GSKS mail at my _____ Home Address _____ Business Address (optional)

Spouse's Name: _____

.....

MEMBERSHIP CLASSIFICATIONS/QUALIFICATIONS

1. Are you currently a member of the Society of Exploration Geophysicists (SEG)? Yes ___ No

SEG Member Number: _____

Membership Classification: Active _____ Associate _____ Student _____

Emeritus _____ Life _____ Honorary _____

If requesting the same GSKS membership classification as you have with SEG, skip Items 2 through 7 and complete Item 8.

Note that at this time GSKS does not have Emeritus membership. Those with that SEG status will be classified as Active members of GSKS.

.....

2. If you are not an SEG member or are applying for an upgraded GSKS membership, are you now engaged in practicing or teaching geophysics or a related science? ___ Yes ___ No

2a. How many years of practicing or teaching? _____

If your total years of experience are eight (8) or more, including relevant college years, and you are applying for Active membership, skip Items 3 & 4 and complete Items 5,6, 7 & 8.

.....

3. Are you interested in geophysics and applying for Associate Membership in GSKS ? ___ Yes
If yes, skip Items 5 & 6.

4. If you are a full time student applying for Student Membership, what is your:

University: _____ Major: _____ Degree: _____

Expected Graduation Date: _____

Please complete Item 8.

5. Please provide details of your professional experience as stated in Item 2a. If you require additional space, please attach a separate page.

Dates: From (mo/yr)	To (mo/yr)	Employer: Name, Street, City, State, Phone	Specific Description of Your Work Experience

6. Please provide details of your college work. If you require additional space, please attach a separate page.

Dates: From (mo/yr)	To (mo/yr)	University or College, City, State	Major	Degree B.S, etc	Date Degree Completed

7. Applicants for Active membership who are **not** currently members of the SEG must provide the name of two sponsors who are Active members of GSKS. Applicants for Associate Membership do not require a sponsor. Applicants for Student Membership must provide the name of one school administrator or faculty member who can certify as to their full-time student status.

SPONSOR OR SCHOOL REPRESENTATIVE

Name	Address: Street, City, State, Zip	Telephone
		()
		()

8. I hereby state that, to the best of my knowledge, the information and statements contained in this application are true.

Applicant's Signature _____

Application Received _____ By _____ Dues Paid _____

Please attach a check or money order (\$25.00 for Active and Associate applicants);
Student Applicants no fee required;
Honorary/Life Members no fee required.

MAIL YOUR APPLICATION TO:

Membership Chairman
Geophysical Society of Kansas
P.O. Box 4594
Lawrence, KS 66046

For Immediate Information contact:
Hendratta Ali
h_ali@fhsu.edu

All information is subject to verification. Pending review by the GSKS Membership Committee, applicants for Active Membership will be provisionally granted Associate Membership status. The Geophysical Society of Kansas' Executive Committee must approve all applications.

For GSKS Office Use Only

GSKS Member Number: _____

Notified By: _____

Date Approved: _____